START OF RETAKE SECTION

THIS RETAKE SECTION CONTAINS MICRO-PHOTOGRAPHS OF RECORDS WHICH WERE OMITTED OR INADEQUATELY REPRODUCED ON THE ORIGINAL MICROFILM REEL.

FOR A DESCRIPTION OF THE FILES AF-FECTED BY THESE RETAKES, SEE THE OP-ERATOR'S RETAKE REPORT AT THE END OF THIS RETAKE SECTION.

STATE OF MARYLAND

HR-RM 30
(4 - 1 - 54)
Hall of Records Commission

RETURN OF A BIRTH. 73365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d. Elise Stewart Cassidy

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth, March 3d. 26

4. Place of Birth, (Street and Number) 1111 Clifton Terrace

5. Full Name of Mother, Estelle Cassidy Stewart

6. Mother's Maiden Name, "

7. Mother's Birthplace, City

8. Full Name of Father, Lauck B. Cassidy

9. Father's Occupation Clerk

10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return H. J. Cassidy

Address, 62 Greenmount Ave

Remarks, Name added by affidavit 6/10/26 LAR

Elise Stewart Cassidy

8960001492

The Commissioner of Health, or should no other person be in third day of each and every month to the office of the Commissioner of Health, or should no other person be in practioner of midwifery, or should no other person be in attendance of a physician or practioner of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, immediately thereafter it shall become the duty of the person or parents of such shall occur without the attendance of a physician or practioner of midwifery, of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

END OF RETAKE SECTION

STATE OF MARYLAND

HR-RM 31
(4 - 1 - 54)
Hall of Records Commission

1737

Department of Health & Mental Hygiene, Vital Records

Birth Certificates

Baltimore City

STATE OF MARYLAND

HR-RM 26
(5-1-54)
Hall of Records Commission

FILE ARRANGEMENT

Numerical Order

Some Birth Certificates are missing at time of filming and have been Lost

STATE OF MARYLAND

HR-RM 28
(2-1-54)
Hall of Records Commission

CERTIFICATION

This is to certify that the microphotographs appearing on this reel are accurate and complete reproductions of the file

Birth Certificates Baltimore City
(Name of file)

of DHMH Vital Records
(Agency).

This microfilming is being performed with the assistance of the Hall of Records Commission, Records Management Division. (Chapter 436, Acts of 1953).

Sunhild D Bolander

Date July 27, 1978

STATE OF MARYLAND

HR-RM 36
(4-1-54)
Hall of Records Commission

RETURN OF A BIRTH. 71582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 25 1915
4. *Place of Birth, (Street and Number)* 905 E. Howard St
5. *Full Name of Mother,* Susan Conner
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return W. H. Dick

Address 625 N. Longwood St

Remarks,

8960000001

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 25 1896
4. *Place of Birth, (Street and Number)* 645 Robson St
5. *Full Name of Mother,* Sophia Jackson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M B Bowen

Address, 624 N. Lombard St

Remarks,

8960000002

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1 *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	July 2 1896
4. *Place of Birth, (Street and Number)*	1915 Nelson Court
5. *Full Name of Mother,*	Sarah Hardy
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return	D. R. Brune
Address,	617 W. Lombard St
Remarks,	

8 9 6 0 0 0 0 0 0 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 1585

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 24 1896
4. *Place of Birth, (Street and Number)* 1553 Pelham Alley
5. *Full Name of Mother,* Henrietta Simms
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return McC J. Dick

Address, 608 N. Longwood St

Remarks,

8960000004

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

71586

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist, or advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex* (state whether Male or Female) Female
2. *Race or Color* (if not of the white race) Colored
3. *Date of Birth* Jan 2 1896
4. *Place of Birth* (Street and Number) 245 N. Amity St.
5. *Full Name of Mother* Fanny Brown
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Va
8. *Full Name of Father* Andrew Jones
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Md

Name of Medical Attendant, or other Person who makes this Return. John G. Harris M.D.

Address 773 W. Lexington St.

Remarks

8960000005

RETURN OF A BIRTH. 71587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, January 2nd 96

4. Place of Birth, (Street and Number) Maternity 115 & 115½ N. Lombard.

5. Full Name of Mother, Annie Sims

6. Mother's Maiden Name, Annie Sims

7. Mother's Birthplace, Maryland.

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Chas. E. Brack M.D.

Address, 113 & 115 N. Lombard St

Remarks,

8960000006

Wm. J. C. Dulany Co., City Printers and Stationers.

The Health Commissioner shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 3 1876
4. Place of Birth, (Street and Number) St Vincents Infant Asylum
5. Full Name of Mother, Maggie McDonald
6. Mother's Maiden Name, "
7. Mother's Birthplace, "
8. Full Name of Father, not known
9. Father's Occupation "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, R. le. Bassin M.D.

Address, 600 North Aisquith

Remarks,

8760000007

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 1896
4. *Place of Birth, (Street and Number)* 2225 E Baltimore St
5. *Full Name of Mother,* Mary E. Gill
6. *Mother's Maiden Name,* Mary E. Clark
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Josh Gill
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. A. McQueen

Address, 2225 E Baltimore St

Remarks, 8960000008

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 a

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 4th Jan 1896
4. Place of Birth, (Street and Number) 122 W Cross St
5. Full Name of Mother, Flora Ecert
6. Mother's Maiden Name, Tilly
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Howard Ecert
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yarnell

Address, 436 E Fort ave

Remarks,

8 9 6 0 0 0 0 0 0 9

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

owen

RETURN OF A BIRTH. 7/15/92

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Elizabeth Teresa Riebsan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 7th Jan 1892
4. Place of Birth, (Street and Number) 723 E Fort Ave
5. Full Name of Mother, Mary E (Rupsan) Riebsan
6. Mother's Maiden Name, Johnson
7. Mother's Birthplace, Delaware
8. Full Name of Father, Michael (Rupsan) Riebsan
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Agnell

Address, 736 E Fort Ave

Remarks,

8 7 6 0 0 0 0 0 1 0

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 1593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Wanda Sadowska

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Born January 1896

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 4th Day of January 1896
4. Place of Birth, (Street and Number) 1452 Garrett Alley Locust Point
5. Full Name of Mother, Maria (Sadastina) Sadowska
6. Mother's Maiden Name, Maria Meykel
7. Mother's Birthplace, Russia
8. Full Name of Father, Julian (Sadoska) Sadowski
9. Father's Occupation Laborer
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Lina Miller Midwife

Address, 1600 Holbrook St City

Remarks,

8700000011

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71594

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored.
3. *Date of Birth,*	Jany 5/96.
4. *Place of Birth, (Street and Number)*	Maternity 114+115 N. Lombard
5. *Full Name of Mother,*	Lizzie Cook
6. *Mother's Maiden Name,*	Lizzie Cook.
7. *Mother's Birthplace,*	Maryland.
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Chas. E. Brack M.D
Address,	114+115 N. Lombard St
Remarks,	

8960000012

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71595

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Mulatto
3. *Date of Birth,*	Jany 6 96
4. *Place of Birth, (Street and Number)*	Maternity 113+115 N. Lombard St.
5. *Full Name of Mother,*	Bettie Taylor
6. *Mother's Maiden Name,*	Bettie Taylor
7. *Mother's Birthplace,*	~~Virginia~~ North Carolina
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Chas. E. Brack M.D.
Address,	113+115 N. Lombard St.
Remarks,	Mother is a white woman; father evidently colored.

8960000013

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 1st of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jany 6/96
4. *Place of Birth, (Street and Number)*	Maternity 113 & 115 N. Lombard
5. *Full Name of Mother,*	Ida Brown
6. *Mother's Maiden Name,*	Ida Brown
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Chas. E. Brack M.D.
Address,	113 & 115 N. Lombard St.
Remarks,	

8960000014

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71597

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored.
3. *Date of Birth,*	January 8/96.
4. *Place of Birth, (Street and Number)*	Maternity 113 & 115 N. Lombard
5. *Full Name of Mother,*	~~Ella Johnson~~
6. *Mother's Maiden Name,*	Ella Johnson
7. *Mother's Birthplace,*	Maryland.
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Chas. E. Brack M.D.
Address,	113 & 115 N. Lombard.
Remarks,	

8 9 6 0 0 0 0 0 1 5

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71598

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 16/96
4. *Place of Birth, (Street and Number)*	Maternity 113 & 115 W. Lombard St.
5. *Full Name of Mother,*	Nellie Wilson.
6. *Mother's Maiden Name,*	Nellie Wilson.
7. *Mother's Birthplace,*	Washington D.C.
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Chas. E. Brack M.D.
Address,	113 & 115 W. Lombard St
Remarks,	

8960000016

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 5. January
4. Place of Birth, (Street and Number) 914 Schodenhell St.
5. Full Name of Mother, Katharine Klaus
6. Mother's Maiden Name, " Kentz.
7. Mother's Birthplace, Germanie
8. Full Name of Father, George Klaus
9. Father's Occupation, Schuhmaker
10. Father's Birthplace, Germanie

Name of Medical Attendant, or other person who makes this Return, Katie Mirsch.

Address, 800 Hadenfeld Street.

Remarks,

0 7 0 0 0 0 0 0 1 7

Wm J C. Dulany Co., City Printers and Stationers.

The Physician, Midwife or other person who shall attend upon any birth, shall ascertain the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 71600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) ~~Female~~ Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 5th
4. Place of Birth, (Street and Number) 318 N. Fremont Ave
5. Full Name of Mother, Ella R. Yockel
6. Mother's Maiden Name, Haumbert
7. Mother's Birthplace, Silver Run Carroll Co. Md
8. Full Name of Father, Alex F. Yockel
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs O Hayes

Address, 924 Hollins St

Remarks,

8960000013

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

The Physician or Midwife shall obtain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 6, 96
4. *Place of Birth, (Street and Number)* 112 N. Gaudet St
5. *Full Name of Mother,* Emma L Grau
6. *Mother's Maiden Name,* " Imdorff
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* John Grau
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltz Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1606 Walbert St

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960000019

RETURN OF A BIRTH. 71602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.te
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	6th of January 96
4. *Place of Birth, (Street and Number)*	330 Schroeder wood St.
5. *Full Name of Mother,*	Lizzie Yeiger
6. *Mother's Maiden Name,*	Lizzie Wolf
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Henry Yeiger
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 W. Pratt St.
Remarks,	

8 9 6 0 0 0 0 0 0 2 0

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 6. 1896
4. *Place of Birth, (Street and Number)* 410 W. Hoffman St.
5. *Full Name of Mother,* Mary Mordy
6. *Mother's Maiden Name,* Mary Mordy
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Bradley Kelly
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Louis Eckrow, M. D.

Address, 410 W. Hoffman St.

Remarks, 8760000021

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 71604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 7th Jan 1896
4. *Place of Birth, (Street and Number)* 1507 W. Baltimore
5. *Full Name of Mother,* Laura J Taylor
6. *Mother's Maiden Name,* Bishop
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Wm L Taylor
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. C Kaiser

Address, 924 Hollins St

Remarks, 8 9 6 0 0 0 0 0 2 2

Health. This Certificate shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 71605

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 7th
4. *Place of Birth, (Street and Number)* 1571 Richland St
5. *Full Name of Mother,* Carrie Smith
6. *Mother's Maiden Name,* Carrie Taylor
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Smith
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Faulstick

Address, 2829 N. Fulton Ave

Remarks, 1896000000023

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan. 7th 1896
4. *Place of Birth, (Street and Number)* Bethel St. 528
5. *Full Name of Mother,* Minnie Gleisner
6. *Mother's Maiden Name,* Lebert
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Reinardt Gleisner
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Crozier

Address, 602 N. Bond St.

Remarks, 8960000024

Wm. J. C. Dulany Co., City Printers and Stationers

Health. It is hereby made the duty of the Registrar to report to the Commissioner of Health a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health., in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) XI.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan. 7. / 7. 45. P. M.
4. *Place of Birth, (Street and Number)* 31. Lebourtreet.
5. *Full Name of Mother,* Sophie Hatton
6. *Mother's Maiden Name,* Boyd.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* James Thomas Hatton
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kaine for the

Address, Mothers Relief Society / 632 W. Fayette St.

Remarks, 8960000025

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 7/1608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan. 7. (10. 15. A. M.)
4. *Place of Birth, (Street and Number)* 1722 Williamstreet.
5. *Full Name of Mother,* Anna Elizabeth Rice
6. *Mother's Maiden Name,* Dieter,
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* William Michael Rice.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kane for the

Address, Women Relief Society 632. N. Eutaw St.

Remarks,

8 9 6 0 0 0 0 0 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 8 - 96
4. *Place of Birth, (Street and Number)* 1408 N. Bond St
5. *Full Name of Mother,* Mary Anna Stehley
6. *Mother's Maiden Name,* " " Ferguson
7. *Mother's Birthplace,* Norfolk Va
8. *Full Name of Father,* Samuel Stehley
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Harrisburg Penna

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1438 N. Bond St

Remarks, 8960000027

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 8th Jan 1896
4. Place of Birth, (Street and Number) 1231 Hanover St
5. Full Name of Mother, Katie Reitz
6. Mother's Maiden Name, Russell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frederick Reitz
9. Father's Occupation Tinner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yarnell

Address, 436 E Fort Ave

Remarks, 8 9 6 0 0 0 0 0 2 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 8th 96
4. Place of Birth, (Street and Number) 428 N. Eden St
5. Full Name of Mother, Helen Neumann
6. Mother's Maiden Name, Bass
7. Mother's Birthplace, Balto City
8. Full Name of Father, Otto Neumann
9. Father's Occupation Salesman
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return, S. M. Sloan M. D.

Address, 1501 E Eager St

Remarks, 8 7 6 0 0 0 0 0 0 2 9

Section. The Health Officer shall furnish a list of the Births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 71612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Born January 9th '12
4. *Place of Birth, (Street and Number)*	327 [redacted] Clay St.
5. *Full Name of Mother,*	Lillie A Rockel
6. *Mother's Maiden Name,*	Lillie A Tantz
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Robert Rockel
9. *Father's Occupation,*	Plasterer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. Hayer
Address,	924 Hollins st
Remarks,	8960000030

The Health Commissioner shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 7/613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 7, 1896
4. *Place of Birth, (Street and Number)* 137 N. Exeter St.
5. *Full Name of Mother,* Jannie Finkelstein
6. *Mother's Maiden Name,* Jannie Shapero
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Solomon Finkelstein
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finkelberg

Address, 27 Glory St.

Remarks, 8 9 6 0 0 0 0 0 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71614

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2"

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan. 9. '96
4. Place of Birth, (Street and Number) 914 W. Saratoga
5. Full Name of Mother, Mary Watkins
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md.
8. Full Name of Father, Joseph Spence
9. Father's Occupation, Barber
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Louise Eaton M.D.

Address, 410 W. Hoffman St

Remarks, 1 8 9 6 0 0 0 0 0 3 2

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) ~~female~~
2. Race or Color, (if not of the white race)
3. Date of Birth, January 9th 1896
4. Place of Birth, (Street and Number) 1614 Clarkson St.
5. Full Name of Mother, Paulena Wagner.
6. Mother's Maiden Name, Paulena Stumpf
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Gustav Wagner.
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Katie Wilmot

Address, 100 Leadenhall Street.

Remarks, 8960000033

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 11th 96
4. *Place of Birth, (Street and Number)* 1803 E. Balto. St
5. *Full Name of Mother,* Laura Schmittmann
6. *Mother's Maiden Name,* Becker
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William A. Schmittmann
9. *Father's Occupation* Book-keeper
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, S. A. Selfner M.D

Address, 150 E. Eager St

Remarks, 8 9 6 0 0 0 0 0 3 4

Section 4. Be it further enacted, That it shall be the duty of the midwife or physician in attendance upon any case of birth which may occur after the passage of this ordinance, to report the same to the Commissioner of Health, within ten days after the occurrence thereof, and to furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 10th 1896
4. Place of Birth, (Street and Number) 1007 N. Central Ave.
5. Full Name of Mother, Carrie Weinkam
6. Mother's Maiden Name, " Weiss
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Wm. Weinkam
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M. D.

Address, 1219 N. Caroline st.

Remarks, 8 9 6 0 0 0 0 0 0 3 5

Every person who shall be present at the birth of any child shall make a return of the same, and of the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 10th 1896
4. Place of Birth, (Street and Number) 2 Hutson St. 2610
5. Full Name of Mother Rosa Warjenska
6. Mother's Maiden Name, Kabuscska
7. Mother's Birthplace, Poland
8. Full Name of Father Brownes Warjenska
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return Mary Kabuska

Address, 602 S Bond

Remarks, 8960000036

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 11 January
4. Place of Birth, (Street and Number) 341 Park Ave
5. Full Name of Mother, Rose Schoen
6. Mother's Maiden Name, Hoffmann
7. Mother's Birthplace, Germany
8. Full Name of Father, Phil Schoen
9. Father's Occupation, Cigarmaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 500 Lauretta Ave

Remarks, 8960000037

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/1620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 11/96
4. *Place of Birth, (Street and Number)*	Mt. Clinton 113+115 N. Lombard St.
5. *Full Name of Mother,*	Rebecca Ehler.
6. *Mother's Maiden Name,*	Rebecca Hand.
7. *Mother's Birthplace,*	Maryland.
8. *Full Name of Father,*	Adolphus Ehler.
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace,*	Maryland.
Name of Medical Attendant, or other person who makes this Return,	Chas. E. Bruch M.D.
Address,	113+115 N. Lombard St.
Remarks,	8 9 6 0 0 0 0 0 0 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 12th 1896
4. *Place of Birth, (Street and Number)*	Black Dun Str. 1206
5. *Full Name of Mother,*	Josphin Anascavich
6. *Mother's Maiden Name,*	Kushnavitch
7. *Mother's Birthplace,*	Poland
8. *Full Name of Father,*	Joe Anaskavich
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Poland
Name of Medical Attendant, or other person who makes this Return,	Mary Krozka
Address,	602 S Bond St
Remarks,	8960000039

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/1622

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 17/96
4. *Place of Birth, (Street and Number)*	906 Sterling St.
5. *Full Name of Mother,*	Jennie Staab
6. *Mother's Maiden Name,*	Luckebidd
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Herman Staab. Deceased.
9. *Father's Occupation*	Solicitor
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	S. St Sclair M.D.
Address,	1501 E Eager St.
Remarks,	8960000040

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 to

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 19 1926
4. *Place of Birth, (Street and Number)* 372 Conway St
5. *Full Name of Mother,* Mary Miller
6. *Mother's Maiden Name,* Mary Sturm
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Miller
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Wm. Mary E. Boyd

Address, 1 8 9 6 0 0 0 0 0 4 1 220 E. Baltimore St.

Remarks, City.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 17, 1896
4. *Place of Birth, (Street and Number)* 276 N. Exeter St
5. *Full Name of Mother,* Fannie Aplestein
6. *Mother's Maiden Name,* Fannie Kramer
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* ~~Geo.~~ Aplestein
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finkelstein

Address, 27 E Lloyd St.

Remarks, 8960000042

Wm. C. Dulany Co., City Printers and Stationers.

promptly, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the particulars required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 15
4. Place of Birth, (Street and Number) 2630 Florence St
5. Full Name of Mother, Catherine Lemke
6. Mother's Maiden Name, Catherine Baker
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward Lemke
9. Father's Occupation Bootcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs C. Faulstich

Address, 2859 N. Fulton Ave

Remarks, 8 Y 6 U 0 0 0 0 0 4 3

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 7/626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 15th Jan 1890
4. *Place of Birth, (Street and Number)* 1249 Riverside Ave
5. *Full Name of Mother,* Charlotte Jeffery
6. *Mother's Maiden Name,* Mackie
7. *Mother's Birthplace,* West Liberty Ohio
8. *Full Name of Father,* Albert Jeffery
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Reinecke

Address, 436 E Fort Ave

Remarks, 8 9 6 0 0 0 0 0 4 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-11-57

RETURN OF A BIRTH. 71627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lillian B. Bernard

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 15-th 1896
4. *Place of Birth, (Street and Number)* 2505 Pennsylvania Ave
5. *Full Name of Mother,* Lillie Bernard
6. *Mother's Maiden Name,* Lillie Ursull
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Leonard Bernard
9. *Father's Occupation* Conductor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. A. Faulstich

Address, 1859 N. Faulstich

Remarks, 8 7 6 0 0 0 0 0 4 5

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 16 January
4. *Place of Birth, (Street and Number)* 244 Canton.
5. *Full Name of Mother,* Anna Bolowitski
6. *Mother's Maiden Name,* — Sobinski
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Mark Bolowitski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs S. Lieberman

Address, 1208 Hare st

Remarks, 8 9 6 0 0 0 0 0 4 6

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 7/629

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 16 1896
4. *Place of Birth, (Street and Number)* 1005 Lasber - Elley
5. *Full Name of Mother,* Fannie Bloomberg
6. *Mother's Maiden Name,* L. Herman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Solomon Bloomberg
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Fondure

Address, 27 S Lloyd St

Remarks, 6766000047

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Jan 16 96
4. *Place of Birth, (Street and Number)* 1729 Orleans St
5. *Full Name of Mother,* Bettie Mejia
6. *Mother's Maiden Name,* Foster
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* George Mejia
9. *Father's Occupation* Stevedore
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker st

Remarks,

1 8 9 6 0 0 0 0 0 4 8

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 7/1631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Florence M. Chamberlain

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 16th 96
4. *Place of Birth, (Street and Number)*	1030 Mt. Donough St
5. *Full Name of Mother,*	Maggie Chamberlain
6. *Mother's Maiden Name,*	(Mary Caroline) Howard
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Benj. Chamberlain
9. *Father's Occupation,*	Bridge Finisher
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return.	Chas. B. Fleagle M.D.
Address,	
Remarks,	8960000049

month, and shall set forth as far as the same can be ascertained the full name of each child; if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 71632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Feby. 16. 11.55 P M
4. *Place of Birth, (Street and Number)* 121 W. Barre street
5. *Full Name of Mother,* Maggie Ellen Reter
6. *Mother's Maiden Name,* Taylor.
7. *Mother's Birthplace,* Howard Co. Md.
8. *Full Name of Father,* William Ellsworth Reter
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Howard Co. Md.

Name of Medical Attendant, or other person who makes this Return, Wm. M. Faust for the

Address, Mother Relief Society 632. N. Fremont Ave.

Remarks, 8 9 6 0 0 0 0 0 5 0

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	16th January 96
4. *Place of Birth, (Street and Number)*	405 Pulaski St.
5. *Full Name of Mother,*	Rebeca Samocowski
6. *Mother's Maiden Name,*	Rebeca Barenstein
7. *Mother's Birthplace,*	Pole
8. *Full Name of Father,*	Max. Samocowski
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Pole
Name of Medical Attendant, or other person who makes this Return,	Friederike Beuler Midwife
Address,	216 N. Pratt St.
Remarks,	8966000000051

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...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 15 '99
4. Place of Birth, (Street and Number) 1526 Mc Elderry St
5. Full Name of Mother, Anna Rudolf
6. Mother's Maiden Name, " Freitag
7. Mother's Birthplace, Germany
8. Full Name of Father, Carl Rudolf
9. Father's Occupation Machinist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Mallory St

Remarks,

8 7 6 0 0 0 0 0 5 2

been conferred) its sex, color, the name that can be ascertained, the full name of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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over

RETURN OF A BIRTH. 71635

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Frederick W. Austin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 16. (5 P. M.)
4. Place of Birth, (Street and Number) 2105 Edgerton Road
5. Full Name of Mother, Mary Virginia Austin
6. Mother's Maiden Name, Schroeder
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, William Fielder Austin
9. Father's Occupation Bricklayer
10. Father's Birthplace, Washington.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Reams for the

Address, Northern Relief Society 662 N. Fremont Ave.

Remarks, 8960000653

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race)
3. Date of Birth, 17 Janu.
4. Place of Birth, (Street and Number) 2818 Dillon st.
5. Full Name of Mother, Alles Reizer.
6. Mother's Maiden Name, Rott
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, William Rott.
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs E. Simonson

Address, 1208 Hare st

Remarks, 8 9 6 0 0 0 0 0 5 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 71637

GIVEN NAME ADDED, 12/20/60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Agnes Harding

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Four (4)
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 17 1896
4. *Place of Birth, (Street and Number)*	#657 Stirling St
5. *Full Name of Mother,*	Mary Harding
6. *Mother's Maiden Name,*	" McCarthy
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	James Edward Harding
9. *Father's Occupation*	With Adams Express Co
10. *Father's Birthplace,*	Frederick City Md
Name of Medical Attendant, or other person who makes this Return,	Annie O'Brien
Address,	902 greenmount av
Remarks,	8 7 0 0 0 0 0 0 0 5 5

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 71638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 8 a Jan 1896
4. *Place of Birth, (Street and Number)* 734 E Fort Ave
5. *Full Name of Mother,* Birdie Hartlove
6. *Mother's Maiden Name,* Scholiski
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Hartlove
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Agerell

Address, 736 E Fort Ave

Remarks, 8 9 6 0 0 0 0 0 5 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9te
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	18te of januar 96.
4. *Place of Birth, (Street and Number)*	420 Payson St.
5. *Full Name of Mother,*	Pauline Müller
6. *Mother's Maiden Name,*	Pauline Träffes
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Andreas Müller
9. *Father's Occupation*	Saloonkeper
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 W. Pratt St.
Remarks,	8960000057

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5te
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	with
3. *Date of Birth,*	19 Januar 1896
4. *Place of Birth, (Street and Number)*	36 S. Register Street
5. *Full Name of Mother,*	Cunigunda Geisler
6. *Mother's Maiden Name,*	Cunigunda Borbert
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Louis Geisler
9. *Father's Occupation,*	Cigar-Macher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs H. Kron Mitwife
Address,	1922 E. Fayette Street
Remarks,	8766000000058

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 71641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) Second

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, 19 Jan
4. *Place of Birth*, (*Street and Number*) 106 S. Schroeder
5. *Full Name of Mother*, Emma E Waite
6. *Mother's Maiden Name*, Emma E Bring
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Richard Prise Waite
9. *Father's Occupation*, Tinner
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. O'Hayer

Address, 924 Hollins St

Remarks, 8 9 6 0 0 0 0 0 5 9

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day (if each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of (ten 10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 71642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 19. 1896
4. *Place of Birth, (Street and Number)* St. Vincents Infant Asylum
5. *Full Name of Mother,* Mary Kuch
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Not known
9. *Father's Occupation* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, R. C. Davis M. D.

Address, 6 co North Avenue

Remarks, 1896 0 0 0 0 0 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8te

1. Sex, (state whether male or female) Harry J Thim Boy

2. Race or Color, (if not of the white race) with

3. Date of Birth, 14 Januar 1896

4. Place of Birth, (Street and Number) 114 N. Wolf Street

5. Full Name of Mother, Mary Thim

6. Mother's Maiden Name, Mary Bail

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Thim

9. Father's Occupation Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs H. Krum Midwife

Address, 1722 E Fayette Street

Remarks, Full name of child added by mother in her application for a transcript 6-10-27 Mary B. Thim

B E Wilson June 6-1927 Mother-L H

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...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 19th 1896
4. *Place of Birth, (Street and Number)* 605 E Pratt St
5. *Full Name of Mother,* Palma Adams
6. *Mother's Maiden Name,* Palma Rose
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Adams
9. *Father's Occupation* Molder
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs M. E. Cleary

Address, 8 7 6 0 0 0 0 0 6 2 E Pratt St

Remarks, City

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 7/645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 19th 1896.
4. Place of Birth, (Street and Number) 16½ Cole St.
5. Full Name of Mother, Susie E. Wittemeyer.
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, William Stinchcomb
9. Father's Occupation,
10. Father's Birthplace, Balto, Md.

Name of Medical Attendant, or other person who makes this Return, Hugo F. Filippino, M.D.

Address, 1815. W. Pratt St.

Remarks, 8760000063

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 20, 1896
4. Place of Birth, (Street and Number) 1420 Brunt St
5. Full Name of Mother, Rebecca Grose
6. Mother's Maiden Name, Rebecca Collins
7. Mother's Birthplace, Va
8. Full Name of Father, Robt Grose
9. Father's Occupation, Laborer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Louis Eaton, Jr. M.D.

Address, 410 W. Hoffman St

Remarks, 8 9 6 0 0 0 0 0 6 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 7647

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Jan 20th 1876

4. *Place of Birth, (Street and Number)* # 828 Harford Ave

5. *Full Name of Mother,* Mary A. Tracy

6. *Mother's Maiden Name,* Mary A Quinn

7. *Mother's Birthplace,* Baltimore Liverpool

8. *Full Name of Father,* John Tracy

9. *Father's Occupation,* Shoemaker

10. *Father's Birthplace,* Boston

Name of Medical Attendant, or other Person who makes this Return Mrs E. A. White

Address, # 746 Eutaw St.

Remarks, 8 7 6 0 0 0 0 0 6 5

born, as to their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

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RETURN OF A BIRTH. 71648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 20, 1896
4. *Place of Birth, (Street and Number)* 1040 E. Lombard St.
5. *Full Name of Mother,* Lena Millenson
6. *Mother's Maiden Name,* Lena Goldberg
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Louis Millenson
9. *Father's Occupation* Store-keeper
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finelberg

Address, 27 Lloyd St

Remarks, 8966000066

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 20 25
4. *Place of Birth, (Street and Number)*	Bond St. 871
5. *Full Name of Mother,*	Sophie Wawrzucek
6. *Mother's Maiden Name,*	Pollat
7. *Mother's Birthplace,*	Poland
8. *Full Name of Father,*	John Wawrzucek
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Poland
Name of Medical Attendant, or other person who makes this Return,	Mary Krzyzka
Address,	602 N. Bond St
Remarks,	8760000067

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RETURN OF A BIRTH. 7650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	20th of January 96
4. *Place of Birth, (Street and Number)*	408 Parsons St
5. *Full Name of Mother,*	Karoline Niedrijchowski
6. *Mother's Maiden Name,*	Karoline Kiedwig
7. *Mother's Birthplace,*	Pole
8. *Full Name of Father,*	Friederich Niedrijchowski
9. *Father's Occupation*	Laber
10. *Father's Birthplace,*	Pole
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 W Pratt St
Remarks,	8 9 6 0 0 0 0 0 0 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7651

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 20. 1896
4. *Place of Birth, (Street and Number)* St Vincents Infant Asylum
5. *Full Name of Mother,* Mary McLean
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Del.
8. *Full Name of Father,* Not known
9. *Father's Occupation* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, A. L. Rasin M.D.

Address, 600 North Ave

Remarks, 8 9 6 0 0 0 0 0 6 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Name, residence and occupation of the parent who shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 21/96
4. *Place of Birth, (Street and Number)*	Maternite 1130½5 N. Lombard.
5. *Full Name of Mother,*	Minnie Williams
6. *Mother's Maiden Name,*	Minnie Williams
7. *Mother's Birthplace,*	Maryland.
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Chas. E. Buck M.D.
Address,	1130½5 N. Lombard St.
Remarks,	8 4 6 0 0 0 0 0 7 0

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 of Jan
4. Place of Birth, (Street and Number) No 96 Randall St
5. Full Name of Mother, Annie Mary Fox
6. Mother's Maiden Name, Annie Mary Schmidt
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John Fox
9. Father's Occupation, Cam Maker
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return,

Address, 800 Lindenhall Street

Remarks, 8 Y 0 U 0 0 0 0 7 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/654

GIVEN NAME ADDED, 3/7/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: BLANCHE SMITH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Jan. 21 1896.

4. Place of Birth, (Street and Number) 1109 Orleans Street

5. Full Name of Mother, Rhoda Smith

6. Mother's Maiden Name, Rhoda Codling

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Lewis Smith

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Hedia Howard

Address, #1013 N. Chapel

Remarks, a 0 0 0 0 0 0 0 7 2

O.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 21. / 5. P. M.
4. Place of Birth, (Street and Number) 716 N. Wolfe st.
5. Full Name of Mother, Victoria Spence.
6. Mother's Maiden Name, Turner.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, John Stacy Spence.
9. Father's Occupation, Carpenter.
10. Father's Birthplace, Pittsburg - City.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kaul for the

Address, Mother Relief Society, 632. N. Fremont ave.

Remarks, 8760000073

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10.

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 21 June.
4. *Place of Birth, (Street and Number)* 1250 Canton
5. *Full Name of Mother,* Liviana Rose L.
6. *Mother's Maiden Name,* Bachinski
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Albert Rose L.
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs F Liebmann

Address, 1208 Hanover st

Remarks, 8 7 0 0 0 0 0 0 7 4

been conferred) its sex, color; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 24 99
4. *Place of Birth, (Street and Number)* Steaks year dr. 732
5. *Full Name of Mother,* Josie Vankoski
6. *Mother's Maiden Name,* Sobeniski
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Valentine Vankoski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mary Ann Zia

Address, 602 S. Bond

Remarks, 0960000075

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 21 1916
4. Place of Birth, (Street and Number) Lancaster 1617
5. Full Name of Mother Rosa Slusarska
6. Mother's Maiden Name, " Brzuzeska
7. Mother's Birthplace, Poland
8. Full Name of Father Mike Slusarska
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krzyko

Address, 60 S. Bond

Remarks, 8960000075

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race) Female Male Lives
3. Date of Birth, Jan 22d 1896
4. Place of Birth, (Street and Number) 1407 Big Meeelden St
5. Full Name of Mother, Rebecca Farman
6. Mother's Maiden Name, Rebecca Glesseson
7. Mother's Birthplace, Russia
8. Full Name of Father, Myer Farman
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finzberg

Address, 927 Lloyd St

Remarks, 8 7 6 0 0 0 0 0 7 7

for 1st Ward

Wm. J. C. Dulany Co., City Printers and Stationers.

The Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 1604 N. Bethel St
4. Place of Birth, (Street and Number) Jan 22 '95
5. Full Name of Mother, Lizzie Donneger
6. Mother's Maiden Name, Eagus
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Henry Donneger
9. Father's Occupation Potter
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1202 Walbert St

Remarks,

8 9 6 0 0 0 0 0 7 8

Wm. J. C. Dulany Co., City Printers and Stationers.

The Name of each child, if any, shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 22nd 1896
4. *Place of Birth, (Street and Number)* 1510 Penn Ave
5. *Full Name of Mother,* Catherine Hill
6. *Mother's Maiden Name,* Catherine Snyder
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Hill
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Wm M. O'Brien

Address, 2225 E. Baltimore St

8 9 6 0 0 0 0 0 7 9

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th/7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 22, 1896
4. Place of Birth, (Street and Number) 1132 Wilmer alley
5. Full Name of Mother, Carrie Currey
6. Mother's Maiden Name, Carrie Brown
7. Mother's Birthplace, Md
8. Full Name of Father, John Currey
9. Father's Occupation, Waiter
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Louise Eaton, M.D.

Address, 410 W. Hoffman St.

Remarks, 8 9 6 0 0 0 0 0 8 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6. Sixth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 22. 96

4. Place of Birth, (Street and Number) 1025 E Biddle St

5. Full Name of Mother, Maggie E Childs

6. Mother's Maiden Name, " Argdurs

7. Mother's Birthplace, Balto Md

8. Full Name of Father, James E Childs

9. Father's Occupation,

10. Father's Birthplace, Anarundle Co Md

Name of Medical Attendant, or other person who makes this Return, E. L. Peterson M. D

Address, 1058 N. Broadway

Remarks, 8960000081

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 Jan.
4. Place of Birth, (Street and Number) Aisquith St. 813
5. Full Name of Mother, Mary Rebitzki
6. Mother's Maiden Name, " Yduskoska
7. Mother's Birthplace, Poland
8. Full Name of Father, George Rebitzki
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kordzka

Address, 602 S Bond St.

Remarks, 8960000082

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 71665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 m

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 23 d Jan 1896
4. Place of Birth, (Street and Number) 1500 Riverside Ave
5. Full Name of Mother, Katharine Kirby
6. Mother's Maiden Name, Weber
7. Mother's Birthplace, Washington D C
8. Full Name of Father, George Kirby
9. Father's Occupation Tinner
10. Father's Birthplace, Dorchester Co Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yewell

Address, 436 E Fort Ave

Remarks, 8 9 6 U 0 0 0 0 0 8 3

The undersigned is informed that the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 23
4. Place of Birth, (Street and Number) Jan St. 605
5. Full Name of Mother Mary Yolanska
6. Mother's Maiden Name, Broshenska
7. Mother's Birthplace, Poland
8. Full Name of Father Mike Yolanska
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary [illegible] Yolanska

Address, 602 S. Bond

Remarks, 8960000084

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-24-58

RETURN OF A BIRTH. 7167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Joseph ~~Schultz~~

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 23 1896
4. Place of Birth, (Street and Number) 925 E. Hoffman st
5. Full Name of Mother, Lottie Schultz
6. Mother's Maiden Name, 925 E. Hoffman st
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Andrew Schultz
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, E. B. Feuby, M.D.

Address,

Remarks, 8960000085

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 23rd 1896
4. *Place of Birth, (Street and Number)* 307 Pine St
5. *Full Name of Mother,* Sarah Hanlon
6. *Mother's Maiden Name,* O'Neill
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Hanlon
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Chas E Sadtler

Address, 1839 Bolton St

Remarks, 8 9 6 0 0 0 0 0 8 6

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/1669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 ½

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23rd of January 96
4. Place of Birth, (Street and Number) 305 Schmallwood Av
5. Full Name of Mother, Ida Repp
6. Mother's Maiden Name, Ida Powers
7. Mother's Birthplace, Balto
8. Full Name of Father, John P. Repp
9. Father's Occupation Stonemason
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 206 W. Pratt St

Remarks, 8 9 6 0 0 0 0 0 8 7

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Agnes Belle Lucile Buck

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 23-96
4. Place of Birth, (Street and Number) 1512 E Lanvale
5. Full Name of Mother, Ida Bell Buck
6. Mother's Maiden Name, " " Rodgers
7. Mother's Birthplace, Md
8. Full Name of Father, Jesse L Buck
9. Father's Occupation Electrotyper
10. Father's Birthplace, Penna

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1438 N Bond St

Remarks, GIVEN NAME ADDED 2-3-53

8 9 6 0 0 0 0 0 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jany 23' 90
4. *Place of Birth, (Street and Number)* 1116 Vanna St
5. *Full Name of Mother,* Maggie Canby
6. *Mother's Maiden Name,* Land
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Harry Canby
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Balto, Md

Name of Medical Attendant, or other person who makes this Return, Caroline Myler

Address, 1605 Walker St

Remarks,

1 8 9 6 0 0 0 0 0 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Whenever a birth occurs, the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2.35 A.M. January 24th 1896
4. Place of Birth, (Street and Number) 1014 Leadenhall St.
5. Full Name of Mother, Mary Catherine Haneke
6. Mother's Maiden Name, " " Tully
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frederick William B. Haneke
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Minnich

Address, 800 Leadenhall Street

Remarks, + 8 9 6 0 0 0 0 0 9 0

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 24 d day of January 1896
4. *Place of Birth, (Street and Number)* 914 Rhode St Locust Point
5. *Full Name of Mother,* Sophie Langhan
6. *Mother's Maiden Name,* Sophie and dau F Heide
7. *Mother's Birthplace,* Lassrun Dorf Hanover Germany
8. *Full Name of Father,* Julius Langhan
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Neustadt Hanover Germany

Name of Medical Attendant, or other person who makes this Return, Lina Müller Midwife

Address, 1600 Holbrook St. City

Remarks, 8 7 0 0 0 0 0 0 0 9 1

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 12-1-58

RETURN OF A BIRTH 71674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Ada Gernand

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st,
1. *Sex, (State whether male or female)*	Female,
2. *Race or color, (if not of the white race)*	White,
3. *Date of Birth,*	Jan. 25th 96,
4. *Place of Birth, (Street and Number)*	828 N Bond st.
5. *Full Name of Mother,*	Maria May Gernand,
6. *Mother's Maiden Name,*	Maria May Cole,
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Wm Gernand
9. *Father's Occupation,*	Tender & Electrician
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return.	Chas. B. Ziegler MD
Address,	720 N Broadway
Remarks,	8960000092

Ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. G. BULAMY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 71675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 25th 1896
4. *Place of Birth, (Street and Number)* 1825 S. Howard st Balto city
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Amelia Holland
7. *Mother's Birthplace,* Carlisle
8. *Full Name of Father,* John Mcgloton
9. *Father's Occupation* laborer
10. *Father's Birthplace,* Balto city

Name of Medical Attendant, or other person who makes this Return, Annie Johnson

Address, 1012 Pluim alley

Remarks, 8760000093

name of the child Wm E. mcgloton

Wm. J. C. Dulany Co., City Printers and Stationers

d the full name of each child, if any shall have
f its parents, the date and place of birth; and the
r in the form of a certificate between the first and
issioner of Health. In case the birth of any child
er of midwifery, or should no other person be in
become the duty of the person or parents of such
manner and within the period above required, and
with the provisions of this section shall be sub-
ered as other fines and forfeitures are recoverable.
month, and shall set forth as far as the same can be ascertained, the
been conferred; its sex, color, the full name and occupation of its par
said schedule shall be delivered, duly signed by the practitioner in the
third day of each and every month to the office of the Commissione
shall occur without the attendance of a physician or practioner of m
attendance upon the mother, immediately thereafter it shall become
child to report its birth to the Commissioner of Health, in the manner
any such person or persons who shall hereafter fail to comply with th
jected to the fine of ten (10) dollars for each offence, to be recovered as

GIVEN NAME ADDED 6-29-56

RETURN OF A BIRTH. 71676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Dorothy Louise Becker

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 25 Jan 96
4. Place of Birth, (Street and Number) 735 Hanover Street
5. Full Name of Mother, Kunigunda Becker
6. Mother's Maiden Name, Kunigunda Philipp
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry W. Becker
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Katie Munch

Address, 100 Leadenhall Street

Remarks, 8960000094

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d.
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	with
3. *Date of Birth,*	25 Januar 1896
4. *Place of Birth, (Street and Number)*	210 N. Chapel - Street
5. *Full Name of Mother,*	Cunigunda Draude
6. *Mother's Maiden Name,*	Cunigunda Schmidt
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Conrad Draude
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs H. Kron Midwife
Address,	1922 E. Fayette Street
Remarks,	8960000095

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 25th 1896

4. Place of Birth, (Street and Number) 1123 Potosi St

5. Full Name of Mother, Mary L. Beans

6. Mother's Maiden Name, Mary L. Porter

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Leonard Beans

9. Father's Occupation Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. M. C. Fuggy

Address, 0 9 6 0 0 0 0 0 0 9 6 Bank St

Remarks, City

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	25th January 1896.
4. *Place of Birth, (Street and Number)*	Garrett Ave. No 1313.
5. *Full Name of Mother,*	Maria Sautter
6. *Mother's Maiden Name,*	" Fiedler
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Georg Sautter
9. *Father's Occupation*	Leber
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return,	Lizzie Schaeffler
Address,	E Fort Ave No 1208
Remarks,	

1 8 9 6 0 0 0 0 0 9 7

The Christian name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 25. (6.15 A.M.)
4. *Place of Birth, (Street and Number)* 820. W. Pratt Street.
5. *Full Name of Mother,* Lary Simms.
6. *Mother's Maiden Name,* Taylor
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Joseph Simms.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Jno. M. Kane for the

Address, Mother's Relief Society (632. W. Fremont Ave.)

Remarks, 8960000098

Wm. J. C. Dulany Co., City Printers and Stationers.

0402

RETURN OF A BIRTH. 71681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Robert Wyatt, 2d

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 28th 1896
4. Place of Birth, (Street and Number) 122 S. Schroeder
5. Full Name of Mother, Annie J. Wyatt
6. Mother's Maiden Name, " " Murphy
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Charles F. Wyatt
9. Father's Occupation Shirt Trimmer
10. Father's Birthplace, Norfolk Va.

Name of Medical Attendant, or other person who makes this Return, Jno. L. Linden

Address, 975 W. Fayette St.

Remarks, Left occipito-iliac anterior.

84 0 0 0 0 0 0 0 9 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 71683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 26 d day of January 1896
4. Place of Birth, (Street and Number) 1409 Cocksie & Locust Point
5. Full Name of Mother, Amalie Streiber
6. Mother's Maiden Name, Amalie Streiber
7. Mother's Birthplace, Saxony Germany
8. Full Name of Father, Herman Streiber
9. Father's Occupation Laborer
10. Father's Birthplace, Saxony Germany

Name of Medical Attendant, or other person who makes this Return, Lina Miller Midwife

Address, 1606 Holbrook Street City

Remarks, 8 7 6 0 0 0 0 0 1 0 0

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	26th of January 96
4. *Place of Birth, (Street and Number)*	2222 Frederick Road
5. *Full Name of Mother,*	Mathilde Kaltenbach
6. *Mother's Maiden Name,*	mathilde Christ
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Gottlieb Kaltenbach
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keller Midwife
Address,	2116 W Pratt St.
Remarks,	8 9 0 0 0 0 0 1 0 1

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 26.
4. Place of Birth, (Street and Number) At the Mission High & Stiles St
5. Full Name of Mother, Katie Colon
6. Mother's Maiden Name, Katie Colon
7. Mother's Birthplace, Wilmington N. C.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, E. C. Peterson M. D.

Address, 1015 S. Broadway

Remarks, 8960000102

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-29-57

RETURN OF A. BIRTH. 71685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Agnes Minnie Sachs

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4te
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	26 th Januar 96
4. Place of Birth, (Street and Number)	339 Tilmallmead Str
5. Full Name of Mother,	Mina Sachs
6. Mother's Maiden Name,	Mina Reiter
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Barney Sachs
9. Father's Occupation	Laborer
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Heuler Midwife
Address,	2116 W Pratt St
Remarks,	8960000103

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 9/18/13

RETURN OF A BIRTH.

7686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bertha Emma Elizabeth Kraus

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sunday Jan 26th 1896
4. Place of Birth, (Street and Number) 1 N. W. Barre st Baltimore md
5. Full Name of Mother, Bertha Kraus
6. Mother's Maiden Name, Bertha Mahlenick
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, Ernest A. Kraus
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore. md

Name of Medical Attendant, or other person who makes this Return, Katie Branch

Address, 220 Lydenhall Street

Remarks, 1/1896 4 6 0 0 0 0 1 0 4

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Every Birth, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 26th Jan 1896
4. Place of Birth, (Street and Number) 1296 Riverside Ave
5. Full Name of Mother, Margaret Markey
6. Mother's Maiden Name, Klinfelter
7. Mother's Birthplace, York Co Pa
8. Full Name of Father, William Markey
9. Father's Occupation B&O R.R.
10. Father's Birthplace, Parktown Baltimore Co

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yeiser

Address, 436 E Fort ave

Remarks, 8960000105

Wm. J. C. Dulany Co., City Printers and Stationers.

mother, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 27th 1896
4. *Place of Birth, (Street and Number)* 2120 E Lombard St
5. *Full Name of Mother,* Susana Stallman
6. *Mother's Maiden Name,* Susana Groff
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Edward Stallman
9. *Father's Occupation* Cook
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs M. E. Pugh

Address, 225 E Biddle St

Remarks, City

8960000106

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71689

GIVEN NAME ADDED 3-24-55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Rose Elizabeth Dorr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 27. (10. 30. A. M.) 1896
4. Place of Birth, (Street and Number) 160 W. Watt street.
5. Full Name of Mother, Christine Dorr,
6. Mother's Maiden Name, Wasserfelder,
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Johann Ferdinand Dorr,
9. Father's Occupation Boxmaker
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kraus (for the

Address, Mothers Relief Society (632 N. Fremont Ave.

Remarks,

8960000107

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 27th 1890
4. *Place of Birth, (Street and Number)* 1808 E. Pratt st
5. *Full Name of Mother,* Mary Smith
6. *Mother's Maiden Name,* Mary Barhart
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Smith
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore,

Name of Medical Attendant, or other person who makes this Return, Mrs M. E. Sharp

Address, 2325 E. Pratt St

Remarks, City

8960000108

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2. te
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	27. th of januar 96
4. *Place of Birth, (Street and Number)*	15 ostenson Co
5. *Full Name of Mother,*	Pauline Rost
6. *Mother's Maiden Name,*	Pauline Pfeifer
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Rost
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Reuter midwife
Address,	216 W. Pratt St
Remarks,	

8960000109

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71692

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

mouth, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 27/96
4. Place of Birth, (Street and Number) B. M. Maternity 19 N. Bond St
5. Full Name of Mother, Mary Elizabeth Garner
6. Mother's Maiden Name, " " " " "
7. Mother's Birthplace, St. Marys Co. Md
8. Full Name of Father, Wm Webb
9. Father's Occupation Carpenter
10. Father's Birthplace, St. Mary's Co. Md

Name of Medical Attendant, or other person who makes this Return, J. C. Oldendorf M.D.

Address, 518 N. Bond St

Remarks,

8960000110

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 7693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	January 27, 1896
4. *Place of Birth, (Street and Number)*	410 N. Hoffman St.
5. *Full Name of Mother,*	Annie Brown
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	James Kelly
9. *Father's Occupation*	
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	Louise Eaton, M.D.
Address,	410 N. Hoffman St.
Remarks,	

8 9 6 0 0 0 0 1 1 1

Wm. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 27th 1896
4. *Place of Birth, (Street and Number)*	522 S. Better St
5. *Full Name of Mother,*	Charlattie Jones
6. *Mother's Maiden Name,*	Redman
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Henry James
9. *Father's Occupation*	Potter
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	M A Donovan
Address,	2024 E Pratt St
Remarks,	Living Well Doctor

8960000112

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 27
4. Place of Birth, (Street and Number) Shakespeare St. 1612
5. Full Name of Mother Annie Katz
6. Mother's Maiden Name, ? Bobrinska
7. Mother's Birthplace, Germany
8. Full Name of Father, John Katz
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Krzyzka

Address, 682 S. Bond

Remarks,

8760000113

Wm. J. C. Dulany Co., City Printers and Stationers.

Rules. 1. This Return is to be filled out in the forms which have been supplied for the purpose, and to be sent to the office during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Hilda Horner Gaither

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27th Jan 1896
4. *Place of Birth, (Street and Number)* 504 W Lee St
5. *Full Name of Mother,* Maria Gaither
6. *Mother's Maiden Name,* Horner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Gaither
9. *Father's Occupation* Waterman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Merwell

Address, 436 E Fort Ave

Remarks,

8 9 6 U 0 0 0 0 1 1 4

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

71697

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second.
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	12-127-95
4. *Place of Birth, (Street and Number)*	Maternite 113+115 N. Lombard.
5. *Full Name of Mother,*	Annie Holtzhauer.
6. *Mother's Maiden Name,*	Annie Lehultz.
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Gus. Holtzhauer.
9. *Father's Occupation*	Hatter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Chas. E. Brack M.D.
Address,	113+115 N. Lombard.
Remarks,	

8960000115

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* January 27th 1896.
4. *Place of Birth, (Street and Number)* 1736 Preston.
5. *Full Name of Mother,* Leana Seward.
6. *Mother's Maiden Name,* Swannguer.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Henry Seward.
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Amelia V. Flanigan M.D.

Address, 1108 Orleans street.

Remarks,

8960000116

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 71699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 28th Jan 1900
4. Place of Birth, (Street and Number) 1436 Riverside Ave
5. Full Name of Mother, Mary McFarlin
6. Mother's Maiden Name, Wright
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John McFarlin
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Gravelle

Address, 436 E Fort Ave

Remarks,

8760000117

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 71700

BIRTH NAME ADDED 11/30/60

To the Office of Registrar ~~of Vital~~ Statistics, Board of Health, Baltimore City.

Name: Henry Frederick Schmidt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 26th 1876
4. *Place of Birth, (Street and Number)* 1832 Hanover st
5. *Full Name of Mother,* Barry Schmidt
6. *Mother's Maiden Name,* Besche
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Friedrich Schmidt
9. *Father's Occupation* Vorsmann
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwartz

Address, 434 E Fort ave

Remarks,

8760000113

Wm. J. C. Dulany Co., City Printers and Stationers.

Note. The Health Officer shall receive a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male 3rd-
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* June 28th 96.
4. *Place of Birth, (Street and Number)* Baltimore Md. 281 Hertford Ave
5. *Full Name of Mother,* Mrs Hanie Robinson
6. *Mother's Maiden Name,* Miss Hanie Branch
7. *Mother's Birthplace,* Nottaway County Virginia
8. *Full Name of Father,* Jothan Robinson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* West Virginia

Name of Medical Attendant, or other person who makes this Return, Susan Hopper

Address, 123 Durham st.

Remarks, No remarks doing well-

8766000001119

Wm. C. Dulany Co., City Printers and Stationers.

Health Commissioner shall furnish a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, January 3rd 1896
4. Place of Birth, (Street and Number) 5 Ce Street
5. Full Name of Mother, Annie Myers
6. Mother's Maiden Name, Annie Sullivan
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, James Myers
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, Mary Baker

Address, 11 York Street Baltimore

Remarks, James Myers
11 York Street City

8960000120

Wm. J. C. Dulany Co., City Printers and Stationers

The Midwife or Nurse who shall have attended at the birth of any child, shall write the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 11703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 28 1898
4. *Place of Birth, (Street and Number)* 525 Eastern Ave
5. *Full Name of Mother,* Sarah Cohen
6. *Mother's Maiden Name,* Sarah Slamowitz
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Rolf Cohen
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finberg

Address, 27 Lakeys St

Remarks,

8760000121

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71704

GIVEN NAME ADDED 12-1-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edward Thomas ~~Murray~~ Murray

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2-d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 28th 1896.
4. Place of Birth, (Street and Number) 422- East 23rd St
5. Full Name of Mother, Elizabeth C. Murray
6. Mother's Maiden Name, Elizabeth A Causey
7. Mother's Birthplace, Maryland
8. Full Name of Father, Edward P. Murray
9. Father's Occupation Coal Dealer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Joseph W. Gasdner M.D.

Address, 444- East 23rd St

Balto - Md.

Remarks,

8760000122

Wm. J. C. Dulany Co., City Printers and Stationers

Health. The attending shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred ; its sex, color, the full name and occupation of its parents, the date and place of birth ; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 28. (2. o'clock A. M.)
4. Place of Birth, (Street and Number) 922. Columbia Ave.
5. Full Name of Mother, Laura Frances Arnold.
6. Mother's Maiden Name, Flabert
7. Mother's Birthplace, Laurel Prince Georg Co. Md.
8. Full Name of Father, John Henry Arnold
9. Father's Occupation Laborer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kane for the

Address, Mothers Relief Society 632. N. Fremont Ave.

Remarks,

8960000123

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 7706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6te
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	wite
3. *Date of Birth,*	29 January 1896
4. *Place of Birth, (Street and Number)*	712 Rose Street
5. *Full Name of Mother,*	Anna Fleischman
6. *Mother's Maiden Name,*	Anna Preis
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Fleischman
9. *Father's Occupation*	Brick-layer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return	Mrs H. Knon Mitwife
Address,	1922 E. Fayette Street
Remarks,	

8 7 6 0 0 0 0 1 2 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 29. 1896
4. Place of Birth, (Street and Number) 410 W. Hoffman St
5. Full Name of Mother, Mary Stovall
6. Mother's Maiden Name, Mary Shaw
7. Mother's Birthplace, Md
8. Full Name of Father, William Stovall
9. Father's Occupation Travelling Salesman
10. Father's Birthplace, Va,

Name of Medical Attendant, or other person who makes this Return, Louise Eaton M.D.

Address, 410 W. Hoffman St

Remarks,

8766000125

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 29th January 1896
4. Place of Birth, (Street and Number) No 158 Cross & Ann
5. Full Name of Mother, Barbara Rudland
6. Mother's Maiden Name, Wagner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm H Rudland
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm Minch

Address, 800 Leadenhall.

Remarks,

8960000126

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 29
4. *Place of Birth, (Street and Number)*	1001 Myrtle Ave
5. *Full Name of Mother,*	Molly Chusman
6. *Mother's Maiden Name,*	Molly Cotton
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Chas. B. Chusman
9. *Father's Occupation*	Saloon-Keeper
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Hellgondee Olifer
Address,	734 St Peter St
Remarks,	

8760000127

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 29th January.
4. *Place of Birth, (Street and Number)* 1110 Pregnet. street.
5. *Full Name of Mother,* Agnese Martins
6. *Mother's Maiden Name,* Reisich.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Peter Martins
9. *Father's Occupation* Laber
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, M. D. Liersemann

Address, 208. Hare street

Remarks,

8960000128

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) White,
3. Date of Birth, January, 29th 96,
4. Place of Birth, (Street and Number) # 1311 Rupus place & Calhoun St.
5. Full Name of Mother, Francis A. Bondurant,
6. Mother's Maiden Name, J. Turner,
7. Mother's Birthplace, Virginia,
8. Full Name of Father, George H. Bondurant,
9. Father's Occupation Shoe F'r Iron Worker,
10. Father's Birthplace, Virginia.

Name of Medical Attendant, or other person who makes this Return, Wm. Biddle Dick M.D.

Address, # 914 W. Fayette St.

Remarks,

8960000129

Wm. C. Dulany Co., City Printers and Stationers.

Within ten days after the birth of any child born alive in the city of Baltimore, it shall be the duty of the physician or midwife in attendance upon the mother, or of the father, or of the householder, or of the owner or agent of the premises where the birth occurs, to report the same to the Commissioner of Health, and to furnish such information as he may require upon the forms which are received under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 3rd

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* Jan. 29th 1896
4. *Place of Birth,* (*Street and Number*) 1225 N. Bond st
5. *Full Name of Mother,* Hattie G. Wilcox
6. *Mother's Maiden Name,* " " Brown
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Elmer E. Wilcox
9. *Father's Occupation* Keeper of livery stable
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline st.

Remarks,

1896000000130

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 29th 1896
4. *Place of Birth, (Street and Number)* 805 N. Eden st.
5. *Full Name of Mother,* Ella M. Merten
6. *Mother's Maiden Name,* " " Snyder
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Henry Merten
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M. D.

Address, 1219 N. Caroline st.

Remarks,

0760000131

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH. 71714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) Dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Viola Lillian Edeler
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 30th 1926 - 10 PM
4. Place of Birth, (Street and Number) 921 Penna Ave
5. Full Name of Mother, Maryanna Margetta Edeler
6. Mother's Maiden Name, Maryanna Margetta Ebenbach
7. Mother's Birthplace, Baltimore - Winchester - Virginia
8. Full Name of Father, Ernest William Edeler
9. Father's Occupation Stone Carver - Bldg. Stone Industry
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Thos Dunn

Address, 420 N Bentalou St

Remarks, Instrumental

8960000132

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the periods above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 30 1915
4. *Place of Birth, (Street and Number)* Locust Ave 1310 Locust Point
5. *Full Name of Mother,* Julie Baroosheski
6. *Mother's Maiden Name,* Yanosheska
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* John Baroosheski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kratzer Ed Bond

Address,

Remarks,

8960000133

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 9-11-56

RETURN OF A BIRTH. 71716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sophie Strebb

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 30th 1896
4. Place of Birth, (Street and Number) 510, N Wolf st
5. Full Name of Mother, Isabell Strebb
6. Mother's Maiden Name, McDonyal
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John A Strebb
9. Father's Occupation Cloth Cutter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, M A Dunaport

Address, 2024 E Pratt st

Remarks, Baby Jan doing Well

0 0 1 3 4

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) ~~White~~ Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 30th 1896

4. Place of Birth, (Street and Number) 903 Hopkins Ave. east

5. Full Name of Mother, Annie J. Webster

6. Mother's Maiden Name, " " Depfisch

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Archibold J. Webster

9. Father's Occupation Order clerk

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline st

Remarks,

18960000135

Wm. J. C. Dulany Co., City Printers and Stationers.

Note. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 71718

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd. Child.

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Jan 30th 1876.

4. Place of Birth, (Street and Number) #917 Binney St Canton.

5. Full Name of Mother, Laura C. Bronisky

6. Mother's Maiden Name, Laura C. White

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Theadore Bronisky.

9. Father's Occupation, Cooper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return Mrs. E. A. White.

Address, #940 Ensor St.

Remarks,

0760000136

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 7/1719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 20th 1896
4. Place of Birth, (Street and Number) 27 Kensington ave (Homestead)
5. Full Name of Mother, Mary Louisa Bailey
6. Mother's Maiden Name, Mary Louisa Maxfield
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles L. Bailey
9. Father's Occupation, Motorman P.C.P.R.Co
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, James E. White Jr. M.D.

Address, 619 Arguith Street

Remarks,

8960000137

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 30. Jany.
4. *Place of Birth, (Street and Number)* 2103 Odanell st.
5. *Full Name of Mother,* Johana Kepell.
6. *Mother's Maiden Name,* — Sollau.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Johan Kepell.
9. *Father's Occupation* Labror
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs. S. Liebermann

Address, 1208 Hare st.

Remarks,

1896 0 0 0 0 1 3 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

GIVEN NAME ADDED 9-16-55

RETURN OF A BIRTH. 7721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

James M. Smith, Jr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 30 - 96
4. Place of Birth, (Street and Number) 819 Hopkins Ave. W
5. Full Name of Mother, Ella E. Smith
6. Mother's Maiden Name, " " Frazier
7. Mother's Birthplace, Balto
8. Full Name of Father, James M Smith
9. Father's Occupation Ship Joiner
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allard

Address, 1438 N Bond St

Remarks,

8 9 6 0 0 0 0 1 3 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	30th. January.
4. *Place of Birth, (Street and Number)*	Cornell ave. No 1327.
5. *Full Name of Mother,*	Babetha Bauerlein
6. *Mother's Maiden Name,*	" Diffler.
7. *Mother's Birthplace,*	Germanye.
8. *Full Name of Father,*	Karl Bauerlein
9. *Father's Occupation,*	Machinist.
10. *Father's Birthplace,*	Germanye.
Name of Medical Attendant, or other person who makes this Return.	Lizzie Schaefer
Address,	E Fort ave No 1708.
Remarks,	

8 9 6 0 0 0 0 1 4 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Penalty.—Any person who shall neglect or refuse to make a return of a birth, or shall make a false return, or shall neglect or refuse to make the same can be ascertained, the full name of each child, it may shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jan 21st 16
4. *Place of Birth, (Street and Number)* 224 S Fulton Ave
5. *Full Name of Mother,* Anna Muenzing
6. *Mother's Maiden Name,* Anna Zell
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Muenzing
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Philadelphia

Name of Medical Attendant, or other person who makes this Return. F. Joh Uhrig M.D.

Address, 1735 W. Pratt St.

Remarks,

8960000141

Wm. J. C. Dulany Co City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the firm of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Ora

RETURN OF A BIRTH. 71724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Nd.
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 21st 1896
4. *Place of Birth, (Street and Number)*	1835 Hanover st.
5. *Full Name of Mother,*	Rosie ~~Schmidt~~ Smith
6. *Mother's Maiden Name,*	Heser
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	William ~~Schmidt~~ Smith
9. *Father's Occupation*	Workman
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Carolina Schwartz
Address,	434 E. Fort ave.
Remarks,	Full name - William Smith

8960000143

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* femal
2. *Race or Color, (if not of the white race)* Colerd
3. *Date of Birth,* January th 21 1896
4. *Place of Birth, (Street and Number)* Mccarer st N 124
5. *Full Name of Mother,* Mary fisher
6. *Mother's Maiden Name,* Mary grays
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charly grow
9. *Father's Occupation,* labour
10. *Father's Birthplace,* Calbert County

Name of Medical Attendant, or other person who makes this Return, Bridgit Hunt

Address, 111 west Hurey st

Remarks, full 9 months

8960000143

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Cases of ... shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 8th 1896
4. *Place of Birth, (Street and Number)* 1627 Pierce Alley
5. *Full Name of Mother,* Mary Jackson
6. *Mother's Maiden Name,* Mary Small
7. *Mother's Birthplace,* Prince Georges Co
8. *Full Name of Father,* William Jackson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Frederick Co Md

Name of Medical Attendant, or other person who makes this Return, Mary Spacey

Address, 1809 Aisquith Alley City

Remarks,

8960000144

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	31st day January 96
4. *Place of Birth, (Street and Number)*	75 Wilkens St
5. *Full Name of Mother,*	Barbara Stapf
6. *Mother's Maiden Name,*	Barbara Hofmann
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Georg Stapf
9. *Father's Occupation*	Bottcher
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Friederike Hauke Midwife
Address,	2216 N. Paca St
Remarks,	

8960000145

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 31 th 1896
4. Place of Birth, (Street and Number) 933 Fells st
5. Full Name of Mother, Mary Voltz
6. Mother's Maiden Name, Mary Clarke
7. Mother's Birthplace, Germany
8. Full Name of Father, Julius Voltz
9. Father's Occupation Bricklayer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs M E Pierson

Address, 522 S Bank st City.

Remarks, 8960000146

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-28-65

RETURN OF A BIRTH.

71729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name. Grace Eugenia Tinsley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 31st 96.
4. Place of Birth, (Street and Number)	719 E. Biddle St.
5. Full Name of Mother,	Eugenia Tinsley
6. Mother's Maiden Name,	Eugenia Kennick
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Frank Tinsley
9. Father's Occupation	Clerk
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Annie O'Brien
Address,	902 greenmount ave
Remarks,	

8960000147

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child to the office of the Commissioner of Health. In case the person he in third day of each and every month to the office of the Commissioner of Midwifery, or should no other person of such physician or practioner of midwifery, of the person or parents of such shall become the duty, of the person or parents required, and attendance shall be immediately thereafter, it shall become the duty within the period above required, and manner and within of this section shall be subshall occur without the mother, immediately of Health, in the provisions of forfeitures are recoverable. child to report its birth to the Commissioner of Health, in the with the provisions of any such person or persons who shall hereafter fail to comply with the provisions of forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 31 Janr.
4. *Place of Birth, (Street and Number)* 2616 Hatsen st.
5. *Full Name of Mother,* Magda Dembski.
6. *Mother's Maiden Name,* Jarzuchta
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frank Jaburchefski
9. *Father's Occupation* Labror
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs P. Liessmann.

Address, 1208 Hare.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8960000148

RETURN OF A BIRTH. 71731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 31. 96
4. *Place of Birth, (Street and Number)* S.W. cor Chicker and Balls. St.
5. *Full Name of Mother,* Berta Johanna Louisa Bruns
6. *Mother's Maiden Name,* " " " Bousekel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Aug Fred Carl Bruns
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, W A B Sellman M.D.

Address, 5 E. Biddle St.

Remarks, 8960000149

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 31 August 1946
4. Place of Birth, (Street and Number) 917 S Bouldin St
5. Full Name of Mother, Georgiana Webb
6. Mother's Maiden Name, Webb
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Webb
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, M A Donaghy

Address, 2024 E Pratt St

Remarks, all the way well

8960000150

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 1/96
4. Place of Birth, (Street and Number) 123 S. Ann Str.
5. Full Name of Mother, Katie Cole
6. Mother's Maiden Name, " Dugan
7. Mother's Birthplace, Balto.
8. Full Name of Father, Frank Cole
9. Father's Occupation Druggist
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 120 S. Sharp Ste.

Remarks,

8960000151

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Edmund Russell

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 21 1935
4. Place of Birth, (Street and Number) 707 Lombard St East
5. Full Name of Mother, Mary Princess Russell
6. Mother's Maiden Name, Lynch
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George Lyster Russell
9. Father's Occupation Lefore
10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return, E Schwaneke

Address, 72 Albemarle St.

Remarks, Name added - Dec 20-1935 E

Edmund Russell B2 4 00 Edmund 1935 22

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 71735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 1 January
4. Place of Birth, (Street and Number) 1200 Thorlewood Avenue
5. Full Name of Mother, Catherine Barbon
6. Mother's Maiden Name, Mcginnis
7. Mother's Birthplace, Ireland
8. Full Name of Father, August Barbon
9. Father's Occupation, Fa cook
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return, Emma Weber

Address, 928 North Central Avenue

Remarks,

8960000153

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 2, 1896.
4. *Place of Birth, (Street and Number)* 716 E Pachanter st. exk.
5. *Full Name of Mother,* Josephine Freeman.
6. *Mother's Maiden Name,* Josephine Perunkie
7. *Mother's Birthplace,* Poland.
8. *Full Name of Father,* August Freeman.
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Poland.

Name of Medical Attendant, or other person who makes this Return, Chas. A. Edwards, M.D.

Address, 1741 Harford ave

Remarks,

8 9 6 0 0 0 0 1 5 4

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 2 January 1912 Madison st.
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Margaret Geek
6. *Mother's Maiden Name,* Young
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Geek
9. *Father's Occupation*
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 North Central Ave.

Remarks,

8760000155

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 2 — 1896.
4. Place of Birth, (Street and Number) 1502 E. Lambert St.
5. Full Name of Mother, Kate C. White
6. Mother's Maiden Name, Stner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas White
9. Father's Occupation Potter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1425 E. Pratt St.

Remarks,

8960000156

This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* January 2, 1895.
4. *Place of Birth, (Street and Number)* 224 Jefferson Place.
5. *Full Name of Mother,* Emily White.
6. *Mother's Maiden Name,* Owens.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Edward J. White.
9. *Father's Occupation* Lamplighter.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Tidabull M.D.

Address, 291 Chestnut ave.

Remarks,

8460000157

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 71740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* 2 Jan 1896
4. *Place of Birth, (Street and Number)* 117 S Spring St
5. *Full Name of Mother,* Celia Barrow
6. *Mother's Maiden Name,* Fowler
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Abram Barrow
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Thomas

Address, 72 Hanover St.

Remarks,

1896000158

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

over

RETURN OF A BIRTH. 71741

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child Louis B. Wheeler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 2nd 96
4. Place of Birth, (Street and Number) 601 Madison St Waverly
5. Full Name of Mother, Annie M Wheeler
6. Mother's Maiden Name, " " Shafer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Clayton W. Wheeler
9. Father's Occupation Grocer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R G Rankin M D

Address, 811 Jefferson Ave Waverly

Remarks, City

8960000159

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-28-60

RETURN OF A BIRTH. 71382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rose Wilhelmia Witz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8th January 1896
4. Place of Birth, (Street and Number) 1420 Ward alt.
5. Full Name of Mother, Magdelena Witz
6. Mother's Maiden Name, Magdelena Franks
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, August Witz
9. Father's Occupation Cabinetmaker.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Miss Bahge.

Address, 714 N. Gilmore St

Remarks,

8960000160

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 of January 1896
4. Place of Birth, (Street and Number) 636 Bayner str
5. Full Name of Mother, L. Souphi Rines
6. Mother's Maiden Name, Souphi Nileta
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thami Rines
9. Father's Occupation Shoe Maker
10. Father's Birthplace, Bahigner

Name of Medical Attendant, or other person who makes this Return, Luise Svatora

Address, 1011 Durham str

Remarks,

8 9 6 0 0 0 0 1 6 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8th of January 1896.
4. Place of Birth, (Street and Number) 3035. Hudson St. Canton
5. Full Name of Mother, Laura Sullivan
6. Mother's Maiden Name, Laura Tasley
7. Mother's Birthplace, Baltimore M.D.
8. Full Name of Father, William Sullivan
9. Father's Occupation, Laborer
10. Father's Birthplace, Howard County

Name of Medical Attendant, or other person who makes this Return, Mrs Ida Hille

Address, 209. N. Castle Str Baltimore

Remarks, —

1896 0000162

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* Jan 8 1906
4. *Place of Birth, (Street and Number)* 716 Hamburg
5. *Full Name of Mother,* Carrie Clash
6. *Mother's Maiden Name,* Carrie Lee
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Archar Lash
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Charlotte Williams

Address, 918 Leadenhall St

Remarks,

8966000163

Wm. J. C. Dulany Co., City Printers and Stationers

Every midwife, physician or practitioner in midwifery, who shall attend upon any birth, shall, within ten days after the same, make a return thereof to the Commissioner of Health, stating the name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the name (if any) conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the name conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 24th
4. *Place of Birth, (Street and Number)* 130 Barton St
5. *Full Name of Mother,* Francis Weber
6. *Mother's Maiden Name,* Pauly
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frank Weber
9. *Father's Occupation* Stone Cutter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Minnie Graf

Address, 2061 N Schroeder St

Remarks,

8960000164

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 71337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Primary

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 4th 1896 - 1 o'clk. a.m.

4. Place of Birth, (Street and Number) 825. N. Madeira ave.

5. ~~Full~~ Maiden Name of Mother, Catherine Schanhardt.

6. ~~Mother's~~ Full Maiden Name, Catherine Valentine

7. Mother's Birthplace, Elliott City Md.

8. Full Name of Father, Frank E. Valentine

9. Father's Occupation, Salesman

10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return. C. H. Lupton

Address, 1136 N. Lupton St

Remarks,

BY 6 0 0 0 0 0 1 6 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

The full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 8th 1896
4. Place of Birth, (Street and Number) 1330 Cleveland Ave Balto City
5. Full Name of Mother, Emma Fiorzke
6. Mother's Maiden Name, Emma Raschke
7. Mother's Birthplace, Rasebuhr Germany
8. Full Name of Father, Theodore J Kornke
9. Father's Occupation, Laborer
10. Father's Birthplace, Rustetten Germany

Name of Medical Attendant, or other person who makes this Return, Susan Mateer

Address, 1218 Bagard St Balto City

Remarks, Satisfaction

8960000166

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 8 of Jan-1896 at 3 oclock P. M
4. *Place of Birth, (Street and Number)* 822 N. C. Donough
5. *Full Name of Mother,* annie Johnson
6. *Mother's Maiden Name,* ---- Colbert
7. *Mother's Birthplace,* M. d.
8. *Full Name of Father,* William — Flemmings
9. *Father's Occupation,* Labour
10. *Father's Birthplace,* M d.

Name of Medical Attendant, or other person who makes this Return. Josephine Cooper

Address, 521 Hunter st

Remarks, Mother Child are getting along nicely

Balto Md

8 7 6 0 0 0 0 1 6 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 8/96
4. Place of Birth, (Street and Number) 616 Saratoga St
5. Full Name of Mother, Willie Ann Hill
6. Mother's Maiden Name, Willie Ann Hawkins
7. Mother's Birthplace, Virginia
8. Full Name of Father, Richard Hill
9. Father's Occupation, Waiter
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Dr. C. Credit Wood

Address, 42 N. Pine St

Remarks,

8960000168

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71341

GIVEN NAME ADDED 9-28-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Doegen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 9. January 1896
4. Place of Birth, (Street and Number) 1637 Eutaw st.
5. Full Name of Mother, Kätth. Doegen
6. Mother's Maiden Name, " Just.
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Doegen
9. Father's Occupation Laboar
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, E. H. Wilson

Address, 1331 Hall st. Locust Point.

Remarks,

8 9 6 0 0 0 0 1 6 9

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as near as the same can be ascertained the full name of each child born, the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 6/6/75

RETURN OF A BIRTH. 71342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: BARBARA ~~BIRKEL~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 9 th 1896
4. Place of Birth, (Street and Number) No 1228 Durst alley
5. Full Name of Mother, Crescentia Birkel
6. Mother's Maiden Name, Crescentia Hafner
7. Mother's Birthplace, Gemany
8. Full Name of Father, Joseph Birkel
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Catherine Hornung

Address, No 1317 Byrd st

Remarks, Filed: 1896

8760000170

Wm. J. C. Dulany Co,. City Printers and Stationers.

been collected its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. Sex, (state whether male or female) female child
2. Race or Color, (if not of the white race) Colored child
3. Date of Birth, January 9th 1896
4. Place of Birth, (Street and Number) 512 Parish alley
5. Full Name of Mother, Jennie Tilen age 22
6. Mother's Maiden Name, Jennie Wells
7. Mother's Birthplace, Sumerly Co. Md
8. Full Name of Father, George Tilen age 22
9. Father's Occupation, Common Labor
10. Father's Birthplace, Fredrick Co Md

Name of Medical Attendant, or other person who makes this Return. Mrs Carrie Reid

Address, 412 Parish alley

Remarks,

8900000171

Wm J C. Dulany Co., City Printers and Stationers.

The Commissioner of Health shall cause to be printed such blank forms as may be necessary for the registration of births, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Kird birth

1. Sex, (state whether male or female) female child
2. Race or Color, (if not of the white race) Colard race
3. Date of Birth, January 9th 1896
4. Place of Birth, (Street and Number) 1364 W ~~Baltimore St~~ Parrish St do
5. Full Name of Mother, Emma Hamond age 21
6. Mother's Maiden Name, Emma. Elder
7. Mother's Birthplace, Fredric. Co. Md.
8. Full Name of Father, Robert. Hamond. age 22.
9. Father's Occupation, Common Labor
10. Father's Birthplace, Ett. shore. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Carrie. Reid.

Address, 412 Parrish alley

Remarks,

8960000172

Wm. J. C. Dulany Co., City Printers and Stationers.

been entered, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9th January
4. Place of Birth, (Street and Number) 1313 Shaft St.
5. Full Name of Mother, Sarah Cudley
6. Mother's Maiden Name, Sarah Matchings
7. Mother's Birthplace, Harrisburg Pa
8. Full Name of Father, Charles Cudley
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Cornelius Hilz

Address, 1407 Nicholson St

Remarks, Locust Point

8760000173

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 71346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* Colord
3. *Date of Birth,* January 7th 896
4. *Place of Birth, (Street and Number)* Green wilbur st 613
5. *Full Name of Mother,* Mary H Hayes
6. *Mother's Maiden Name,* Mary A Jackson
7. *Mother's Birthplace,* Charles County M D
8. *Full Name of Father,* William Glascoe
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Prince georges County M D

Name of Medical Attendant, or other person who makes this Return. Penn & Bias

Address, 540 Biddle st

Remarks,

8 7 6 U 0 0 0 1 7 4

WM. J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 71347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Whit
3. Date of Birth, ~~Baltimore~~ A.M. Jan 9 1896
4. Place of Birth, (Street and Number) Baltimore 109 E. Clement.
5. Full Name of Mother, Mary Thorton
6. Mother's Maiden Name, Mary Warfild
7. Mother's Birthplace, Baltimore MD
8. Full Name of Father, Albert Thorton
9. Father's Occupation Labor
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Dr. ANN Taylor

Address, 141 Guilford Alley

Remarks, Well

8960000175

Wm. J. C. Dulany Co., City Printers and Stationers.

Each conviction for the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 71348

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* January 9th
4. *Place of Birth, (Street and Number)* 1729 S. Charles St.
5. *Full Name of Mother* Mary A. Lowe
6. *Mother's Maiden Name*
7. *Mother's Birthplace* Kent County
8. *Full Name of Father* Arthur S. Lowe
9. *Father's Occupation* Clerk
10. *Father's Birthplace* England

Name of Medical Attendant, or other Person who makes this Return.

Address

Remarks

5 7 6 0 0 0 0 1 7 5

RETURN OF A BIRTH. 71349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* M
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9th Jany 1896
4. *Place of Birth, (Street and Number)* 1104 S Howard St
5. *Full Name of Mother,* Martha Frank
6. *Mother's Maiden Name,* Martha Sands
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* James Frank
9. *Father's Occupation* Lavor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Charlotte Williams

Address, 910 Linden Hall St

Remarks,

B 76 U 0 0 0 0 1 7 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d,~~ &c.) 2-

1. *Sex,* (~~state whether male~~ or *female*) female
2. *Race or Color,* (~~if not of the white race~~) Colored
3. *Date of Birth,* 5 Jan. 1886 - born - 10 minutes past 6 P.M.
4. *Place of Birth,* (Street and Number) 826 N. E. Donough street
5. *Full Name of Mother,* Emily J. Barnett
6. *Mother's Maiden Name,* - - - - - Ringold
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* William L. Barnett
9. *Father's Occupation,* Wagon - Driver
10. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other person who makes this Return. Josephine Cooper

Address, 521 Shuter Street

Remarks, Mother and Child nicely Balto md

8 7 6 0 0 0 0 1 7 8

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7135 1

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 9. 1896
4. Place of Birth, (Street and Number) 1110 Booksie St
5. Full Name of Mother, Celia Duffy
6. Mother's Maiden Name, Celia Malia
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Michael Duffy
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Ethel

Address, 1619 Cuba St Balto

Remarks,

8900000179

Wm J C. Dulany Co., City Printers and Stationers.

The Commissioner of Health shall cause the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71352.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. t

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 9 January
4. Place of Birth, (Street and Number) # 925 west Barre st
5. Full Name of Mother, Anna Dorada Kraus
6. Mother's Maiden Name, Anna Dorada Thies
7. Mother's Birthplace, Germany
8. Full Name of Father, William Henry Kraus
9. Father's Occupation Shoe Maker
10. Father's Birthplace, Baltimore. Md.

Name of Medical Attendant, or other person who makes this Return, Alex Bangel

Address, 711 N. Cross st

Remarks,

8 9 6 0 0 0 0 1 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

about, at which it is proposed to be solemnized, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Child.
1. *Sex, (state whether male or female)*	Girl.
2. *Race or Color, (if not of the white race)*	Colored.
3. *Date of Birth,*	9th of January
4. *Place of Birth, (Street and Number)*	1420 Blunt St.
5. *Full Name of Mother,*	Lucie W. Thompson.
6. *Mother's Maiden Name,*	Lucie W. Wolds.
7. *Mother's Birthplace,*	Romney. W Va.
8. *Full Name of Father,*	William F. Thompson.
9. *Father's Occupation*	Hostler.
10. *Father's Birthplace,*	East Ville Va.
Name of Medical Attendant, or other person who makes this Return,	Mary J. Fossett
Address,	#563 Dolphin St
Remarks,	

8 9 6 0 0 0 0 1 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9th January
4. Place of Birth, (Street and Number) Baltimore 603 W Mows St
5. Full Name of Mother, Anne Elenora Nicklas
6. Mother's Maiden Name, " " Rolz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Louis Nicklas
9. Father's Occupation Shoemaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Barge

Address, 711 W Lanvale

Remarks,

8960000001802

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

mouth, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan. 10th 96
4. Place of Birth, (Street and Number) 1119 E. Lexington St.
5. Full Name of Mother, Eda Jacobson
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Leopold Jacobson
9. Father's Occupation, Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter St.

Remarks,

8960000185

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

71356

GIVEN NAME ADDED 3/24/61

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Name: Helen Shreeve Childs 5th
No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race)
3. Date of Birth January 10th 1896
4. Place of Birth (Street and Number) #721 Kk and ave.
5. Full Name of Mother Emma Childs
6. Mother's Maiden Name
7. Mother's Birthplace Maryland
8. Full Name of Father W. J. Childs
9. Father's Occupation Foreman
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. Geo K. Caines M.D.

Address 21 W. 25th St.

Remarks

1896 0000184

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 71357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 10 96
4. *Place of Birth, (Street and Number)* 920 Sterling Street.
5. *Full Name of Mother,* Mary Connor
6. *Mother's Maiden Name,* Mary Ward
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Jeremiah Connor
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other person who makes this Return. Geo W Dobbin M.D.

Address, The Johns Hopkins Hospital

Remarks,

8 9 6 0 0 0 0 1 8 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 10th 1895
4. Place of Birth, (Street and Number) 1220 Edward Court
5. Full Name of Mother, Rosa Ellen Winston
6. Mother's Maiden Name, Rosa Ellen Lisco
7. Mother's Birthplace, Annapolis Md
8. Full Name of Father, James Winston
9. Father's Occupation Stockdresser
10. Father's Birthplace, Louisa County Va

Name of Medical Attendant, or other person who makes this Return, Elizabeth Chaney

Address, 530 Rogers Ave

Remarks,

8 9 6 0 0 0 0 1 8 6

Wm. J. C. Dulany Co., City Printers and Stationers.

...been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	W.
3. Date of Birth,	Jany 10 1916
4. Place of Birth, (Street and Number)	1730 E Pratt
5. Full Name of Mother,	Laura M. Price
6. Mother's Maiden Name,	" " Bowers
7. Mother's Birthplace,	Emmitsburg Md
8. Full Name of Father,	John B Price
9. Father's Occupation,	Engineer
10. Father's Birthplace,	B. C.
Name of Medical Attendant, or other person who makes this Return	Geo L. Mitchell M.D.
Address,	6 N. Bdy
Remarks,	

8 9 6 0 0 0 0 1 8 7

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 10th 1896
4. Place of Birth, (Street and Number) S. E. Corner Holins & Fremont
5. Full Name of Mother, Lizzie R. Hibbitt
6. Mother's Maiden Name, Lizzie Roach
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George A. Hibbitt
9. Father's Occupation, Plumber
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Thos P. McConnick M.D

Address, 1421 Eutaw Place

Remarks,

8960000188

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 71361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 10th 95
4. *Place of Birth, (Street and Number)* 1446 Decatur - St.
5. *Full Name of Mother,* Luella Silver
6. *Mother's Maiden Name,* Luella Harford
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Silver
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. Jos. Henggeler

Address, 1638 E - Fort Ave.

Remarks,

64 U 0001189

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 71362

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 10th 1896
4. *Place of Birth, (Street and Number)* 1544 Fremont Ave
5. *Full Name of Mother,* Florence Petro
6. *Mother's Maiden Name,* Florence Quadeta
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas L Petro
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo F Donnelly

Address, 1633 W Walsh St

Remarks, None

8960000190

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 71363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 10th 1896
4. *Place of Birth, (Street and Number)* 1557 Baker St
5. *Full Name of Mother,* Mary E Lyman
6. *Mother's Maiden Name,* Maud Dolan
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* George E Lyman
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Lucey

Address, 809 Hanover St

Remarks,

8960000191

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 10 06
4. *Place of Birth, (Street and Number)*	1112 Stockholm St
5. *Full Name of Mother,*	Louisa Fritze
6. *Mother's Maiden Name,*	Louisa Arion
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Wilhelm Fritze
9. *Father's Occupation*	Black-Smith
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Nellygonda Pleifel
Address,	631 N Eutaw St
Remarks,	

8960000192

been entered, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4.
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	10 January
4. *Place of Birth, (Street and Number)*	1404 Cookson st.
5. *Full Name of Mother,*	Mary Vyskocil
6. *Mother's Maiden Name,*	" Bubora
7. *Mother's Birthplace,*	Bohemia
8. *Full Name of Father,*	Josef Vyskocil
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Bohemia
Name of Medical Attendant, or other person who makes this Return,	Rudolf Nyman
Address,	1331 Hull st.
Remarks,	

8 9 6 0 0 0 0 1 9 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* No
3. *Date of Birth,* January 10 1895
4. *Place of Birth, (Street and Number)* [illegible] Lombard St
5. *Full Name of Mother,* Mary Burke
6. *Mother's Maiden Name,* Mary Curran
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Michael Burke
9. *Father's Occupation* Fisher
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mary Horrigan

Address, 412 Scott St

Remarks,

8960000194

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jany 1916
4. *Place of Birth, (Street and Number)*	1114 Bradford St
5. *Full Name of Mother,*	Mrs Thos Gaffney
6. *Mother's Maiden Name,*	Rose Durkin
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Thos Gaffney
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return.	Miss Ann O'Connor
Address,	1112 Hanover St
Remarks,	

month, she shall be subject to a penalty of ten (10) dollars for each month, and the same shall be recovered as other fines and forfeitures are recovered.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

8 9 6 U 0 0 0 1 9 5

RETURN OF A BIRTH. 71368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, 10 of Janey
4. Place of Birth, (Street and Number) 1406 F Ratlidge Street
5. Full Name of Mother, Baby Rassell
6. Mother's Maiden Name,
7. Mother's Birthplace, Leon Iowan Co Va
8. Full Name of Father, Edward Rassell
9. Father's Occupation LaBour Work
10. Father's Birthplace, Leon Wan Co Ia

Name of Medical Attendant, or other person who makes this Return, Lucy Cornish

Address, 506 Pearland Street

Remarks,

6 9 6 0 0 0 0 1 9 6

Wm. J. C. Dulany Co., City Printers and Stationers.

over

RETURN OF A BIRTH. 71369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George L. Schanze

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~513 S Paca St~~ Jan 1 / 96
4. Place of Birth, (Street and Number) 513 S. Paca St.
5. Full Name of Mother, Josephine (Schantz) ~~Schanze~~ Schanze
6. Mother's Maiden Name, " Schantz
7. Mother's Birthplace, Germany
8. Full Name of Father, Mark A (Schantz) Schanze
9. Father's Occupation Shoemaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Thos. M. Tompkins M.D.

Address, 412 S. Paca St.

Remarks,

6760000197

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* M.
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* Jan 6 96
4. *Place of Birth, (Street and Number)* Fallsway Nr. Fayette
5. *Full Name of Mother,* Jas M. Fayette
6. *Mother's Maiden Name,* Mary E. Baker
7. *Mother's Birthplace,* Harford Co. Md
8. *Full Name of Father,* Jas Fayette
9. *Father's Occupation* —
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, A. J. Bailey M.D. 1002 E. Madison

Address,

Remarks,

B 960000198

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female 1st

1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race) Jan. 2/96
3. Date of Birth, 838 N. Bath St.
4. Place of Birth, (Street and Number) Kate Ebert
5. Full Name of Mother, Nagel
6. Mother's Maiden Name, Md
7. Mother's Birthplace, Jacob Ebert
8. Full Name of Father, Merchant
9. Father's Occupation U. S.
10. Father's Birthplace, Wm. B. Peden

Name of Medical Attendant, or other person who makes this Return,

Address, 867 Harlem Ave.

Remarks,

8 9 6 U 0 0 0 1 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth occurring within the city of Baltimore shall be reported to the Commissioner of Health, within ten days after its occurrence, by the attending physician or midwife, if there be one present at the birth, and if not, then by the father of the child, the householder or owner of the premises where the birth occurred, or the nearest relative present, or the agent of any institution where the birth occurred, or the person having charge of any such institution. Such report shall state the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Children 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 2d 1896
4. Place of Birth, (Street and Number) 229. Bethel Street
5. Full Name of Mother, Josephine Lucas
6. Mother's Maiden Name, Josephine Hooper
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, Daniel Lucas
9. Father's Occupation Laborer
10. Father's Birthplace, Fredricksburg Va

Name of Medical Attendant, or other person who makes this Return, Mary Mayer

Address, No. 11 York Street Baltimore

Remarks, James Monroe No. 11 York St. Baltimore

8960000200

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* January 3 1890
4. *Place of Birth, (Street and Number)* 1130 Whitecat Street
5. *Full Name of Mother,* Silvian Jones
6. *Mother's Maiden Name,* Silvian Hebert
7. *Mother's Birthplace,* Strays County
8. *Full Name of Father,* Robert Jones
9. *Father's Occupation* Laboring
10. *Father's Birthplace,* Strays County

Name of Medical Attendant, or other person who makes this Return, Mary E Jones

Address, 1121 Saratoga St Balto. Md.

Remarks,

8960000201

Wm. J. C. Dulany Co., City Printers and Stationers

mother, as well as the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	F
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	Jan 4 1876
4. *Place of Birth, (Street and Number)*	1511 Presstman
5. *Full Name of Mother,*	Mrs Roger
6. *Mother's Maiden Name,*	Zeller
7. *Mother's Birthplace,*	Frederick, Md
8. *Full Name of Father,*	Albert H Roger
9. *Father's Occupation*	Carpenter ~~Bricklayer~~
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	R. Winslow
Address,	1900 Mt Royal Terrace
Remarks,	

1896 00000202

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 71375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, 5 January 1876
4. Place of Birth, (Street and Number) Linden Avenue 517
5. Full Name of Mother, Helene Maria Wilkens
6. Mother's Maiden Name, H. M. V. Hurst
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Julius L. Wilkens
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr Pinkard

Address, 220 N. Martin Street

Remarks,

8960000203

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

G. DULANY & CO., CITY PRINTERS AND STATIONERS.

71376

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan 6th 1896

4. Place of Birth, (Street and Number) 1039 N. Gay st

5. Full Name of Mother, Sena Sucker

6. Mother's Maiden Name, Sena Sebic

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Sucker

9. Father's Occupation Labor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address, 1600. W. Cluster st Balto.

Remarks,

8960000204

[illegible] color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8/12/14

RETURN OF A BIRTH. 71377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ethel Marie Sarbacher Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 6, 1896
4. Place of Birth, (Street and Number) 1126 N. Carey St.
5. Full Name of Mother, Georgia B. Sarbacher
6. Mother's Maiden Name, Duffy
7. Mother's Birthplace, Balto.
8. Full Name of Father, Joseph L. Sarbacher
9. Father's Occupation Bookbinder
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, D Norwood M D

Address, 932 N Gay Elle St.

Remarks, Filed 1896

18960000205

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	The 9 of January 19
4. *Place of Birth, (Street and Number)*	W 1039 Harford Ave.
5. *Full Name of Mother,*	Barie Schmidt.
6. *Mother's Maiden Name,*	Barie Hartzgel.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Geo. Schmidt.
9. *Father's Occupation*	Wheelwright.
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Christina Geiser.
Address,	1037 Harford Ave
Remarks,	Balto City.

8 7 6 0 0 0 0 2 0 6

Wm. J. C. Dulany Co., City Printers and Stationers.

The Coroner, in his certificate, shall state the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4-h

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* Jan 16 1896
4. *Place of Birth, (Street and Number)* 1112 West St
5. *Full Name of Mother,* Susie Nelson
6. *Mother's Maiden Name,* Susie Furbinson
7. *Mother's Birthplace,* Ingeranlal Co Va
8. *Full Name of Father,* E D Nelson
9. *Father's Occupation* Lab
10. *Father's Birthplace,* Norfolk Va

Name of Medical Attendant, or other person who makes this Return, Charlotte Williams

Address, 910 Leadenhall st

Remarks,

8766000207

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as to the same all the facts and circumstances relating thereto, the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* January 11 1896
4. *Place of Birth, (Street and Number)* 1614 Stockton Street
5. *Full Name of Mother,* Belle Dorsey
6. *Mother's Maiden Name,* Belle V Phillips
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Abe Dorsey
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

B 4 6 U 0 0 0 2 0 3

Wm. J. C. Dulany Co., City Printers and Stationers.

aww

RETURN OF A BIRTH. 71381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 (Heinrich (Henry) Rinkel)

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 11 January
4. *Place of Birth, (Street and Number)* 1402 Eastern ave
5. *Full Name of Mother,* Louise Pauline Rinkel
6. *Mother's Maiden Name,* Kraft.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Karl Friedrich Rinkel
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Ruth M Jones

Address, 1331 Hull st

Remarks,

8 9 6 0 0 0 0 2 0 9

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name, color, sex, date of birth, and place of birth of each child born alive, the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report it, birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 the

1. *Sex, (state whether male or female)* White Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11th Jan 96.
4. *Place of Birth, (Street and Number)* No 927 Dunbar Ste
5. *Full Name of Mother,* Maria Erbe
6. *Mother's Maiden Name,* Pfluger
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Erbe
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs S. M. Bishop

Address, No 1137 Carroll Street

Remarks,

8 7 6 0 0 0 0 2 1 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Been collected) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as the same can be ascertained at the time of making the return, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 4th 1896
4. *Place of Birth, (Street and Number)* 401 Short St
5. *Full Name of Mother,* Anna Benson
6. *Mother's Maiden Name,* Smalls
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James H Benson
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Corline Patterson

Address, 419 Lewis St

Remarks, Well as can be Expect

8966000021 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 11th 96.
4. Place of Birth, (Street and Number) 1516 Ashland Ave.
5. Full Name of Mother, Elizabeth Streb
6. Mother's Maiden Name, Elizabeth Silber
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, John A. Streb
9. Father's Occupation Tailor
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return. Charles H. A. Meyer, M. D.

Address, 1019 N. Caroline st.

Remarks,

8960000212

Health. This schedule shall contain a list of the names of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 11th 1896
4. Place of Birth, (Street and Number) No. 745 Columbia ave
5. Full Name of Mother, Sophia C. Dehn
6. Mother's Maiden Name, Sophia C. Bauer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frederick Dehn
9. Father's Occupation Oil Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Max Baum

Address, 714 Locust

Remarks,

8960000213

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 9-22-33

RETURN OF A BIRTH. 71396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mildred Tiny Pfeiffer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 7th, 1896. ~~W. Lanvale St.~~
4. Place of Birth, (Street and Number) S. E. Cor. Paca & W. Lanvale St.
5. Full Name of Mother, Ella May Pfeiffer.
6. Mother's Maiden Name, " " Wilderman.
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Augustus John Pfeiffer.
9. Father's Occupation Tailor.
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Eldridge C. Price, M.D.

Address, 1012 Madison Ave

Remarks,

8960000214

Wm. J. C. Dulany Co., City Printers and Stationers

Sec. 1. That from and after the passage of this Act it shall be the duty of the attending physician or midwife, in every case of birth occurring within the limits of Baltimore City, to make a return of such birth to the Commissioner of Health, which return shall be made within ten days after the birth has been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

over

RETURN OF A BIRTH. 71387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Name George Edward Muench

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 11th 1896
4. Place of Birth, (Street and Number) 331 Payson St
5. Full Name of Mother, Mollie Muench
6. Mother's Maiden Name, Brauns
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George Theo Muench
9. Father's Occupation Barber
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Minnie Graf

Address, 206 N. Schroder St

Remarks,

8960000215

...ter, the full name and occupation of its parents, the date and place of birth, and the ...ed, duly signed by the practitioner in the form of a certificate between the first and ...month to the office of the Commissioner of Health. In case the birth of any child ...ndance of a physician or practioner of midwifery, or should no other person be in ...ther, immediately thereafter it shall become the duty of the person or parents of such ..., to the Commissioner of Health, in the manner and within the period above required, and ...persons who shall hereafter fail to comply with the provisions of this section shall be sub... of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

..., Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 of February 1896
4. Place of Birth, (Street and Number) 1826 Eoland ave
5. Full Name of Mother, Mary Hrdlicka
6. Mother's Maiden Name, Mary Forlovsky
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Karl Hrdlicka
9. Father's Occupation Thailor
10. Father's Birthplace, Bohimen

Name of Medical Attendant, or other person who makes this Return, Luise Šváhora

Address, 1010 Durham st

Remarks,

8 9 6 0 0 0 0 2 1 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 4th

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, January 11th 1896.
4. Place of Birth, (Street and Number) 1931 St Paul St.
5. Full Name of Mother, Mary L Wolfe.
6. Mother's Maiden Name, Mary L Feaney
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Frank C L Wolfe Jr
9. Father's Occupation, President of Fireman's Insurance Co.
10. Father's Birthplace, Frederick City Md

Name of Medical Attendant, or other person who makes this Return, John J R A Boyd M.D.

Address, 662 N Eutaw St

Remarks,

8960000217

Wm. J. C. Dulany Co., City Printers and Stationers.

(~~state whether~~ male ~~or female~~) of the child, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan 11th 1896
4. Place of Birth, (Street and Number) N. 9 Font-hill Ave
5. Full Name of Mother, Mary Russell
6. Mother's Maiden Name, Mary Smith
7. Mother's Birthplace, Canada
8. Full Name of Father, Thomas Russell
9. Father's Occupation Laborer
10. Father's Birthplace, Canada

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8960000218

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

CERTIFICATE AMENDED 3/17/75

RETURN OF A BIRTH, 71391

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Ruth Pardoe Hunter

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth* Jan 11th 1896
4. *Place of Birth, (Street and Number)* 1425 South Charles St
5. *Full Name of Mother* Zora Hunter
6. *Mother's Maiden Name* Zora Pardoe
7. *Mother's Birthplace* Queen Anne Co Md
8. *Full Name of Father* James ~~Thomas~~ Hunter
9. *Father's Occupation* Book keeper
10. *Father's Birthplace* Kent Co. Md

Name of Medical Attendant, or other Person who makes this Return. Fernanda Taylor Dorsey

Address

Remarks 871 N Harlem Ave

Filed 1896

8960000219

At the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 71392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 11th 96.
4. Place of Birth, (Street and Number) 2410 N. Stockton St.
5. Full Name of Mother, Nora M. Nail
6. Mother's Maiden Name, Nora M. Hunter
7. Mother's Birthplace, Carroll Co. Md.
8. Full Name of Father, Jas. F. Nail
9. Father's Occupation Cabinet maker
10. Father's Birthplace, Carroll Co. Md

Name of Medical Attendant, or other person who makes this Return, Henry C. Dorsey M.D.

Address, 1203 W. Fayette St

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1896 0000220

RETURN OF A BIRTH. 71393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 11 96
4. Place of Birth, (Street and Number) Garrett Ave 1311
5. Full Name of Mother, Anna Schaaf
6. Mother's Maiden Name, Dierker
7. Mother's Birthplace, Osnabrück Hannover
8. Full Name of Father, Sebastian Schaaf
9. Father's Occupation Stevedore
10. Father's Birthplace, Mankeim - Baden

Name of Medical Attendant, or other person who makes this Return, Johanna Jaxtheimer

Address, Garrett Ave 1369

Remarks,

8960000221

Wm. J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 12th 1896
4. Place of Birth, (Street and Number) 2028 E. North Ave.
5. Full Name of Mother, Margaret J. Moulton O'Brien
6. Mother's Maiden Name, Margaret J. Moulton.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas J. O'Brien
9. Father's Occupation, Real Estate
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Dr. T. Riley Bond

Address, 1021 E. Fifth Ave

Remarks,

8 7 6 0 0 0 0 2 2 2

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Every physician or midwife in attendance upon a birth shall report the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 71395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 12th 1896
4. *Place of Birth, (Street and Number)* 225 N. Schroder St
5. *Full Name of Mother,* Katie Fryer
6. *Mother's Maiden Name,* " " Raymond
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Geo Fryer
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Wilhelmine Graf

Address, 206 N. Schroder St

Remarks,

8960000223

Wm. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 71396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 12/96
4. Place of Birth, (Street and Number) No 1221 N. Eag Ave.
5. Full Name of Mother, Mary Grommer
6. Mother's Maiden Name, nee Gamp
7. Mother's Birthplace, Balti
8. Full Name of Father, Jacob Grommer
9. Father's Occupation Wheelright
10. Father's Birthplace, Balti

Name of Medical Attendant, or other person who makes this Return, Mrs L. Ives.

Address, No 1907 E Monument Ave.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 4 6 0 0 0 0 2 2 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 January 1896
4. *Place of Birth, (Street and Number)* Baltimore Md 1819 E. Pratt St
5. *Full Name of Mother,* Sarah E. Perry
6. *Mother's Maiden Name,* " " Piper
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Richard Perry
9. *Father's Occupation* Police Officer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Perrine

Address, 414 S. Stricker St Baltimore Md

Remarks, Mother and Child are doing well

8 9 0 0 0 0 0 2 2 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Rules and Regulations as to the same can be ascertained at the office of each registrar. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate [illegible] the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First C.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White.

3. Date of Birth, 12 th January 1896.

4. Place of Birth, (Street and Number) 402 S. Collington Ave

5. Full Name of Mother, Mary Lizzie Dulling.

6. Mother's Maiden Name, Mary Lizzie Karte.

7. Mother's Birthplace, Baltimore M. D.

8. Full Name of Father, Herman Henry Dulling.

9. Father's Occupation Oyster Measurer.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, W. V. Flentje M. D.

Address, 1108 Orleans str.

Remarks,

8 9 6 0 0 0 0 2 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) X

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 12 96
4. Place of Birth, (Street and Number) 728 Wolfe Street
5. Full Name of Mother, Mary F Johnson
6. Mother's Maiden Name, Mary L Brown
7. Mother's Birthplace, Maryland
8. Full Name of Father, James H Johnson
9. Father's Occupation Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Geo W Corbin M D

Address, The Johns Hopkins Hospital

Remarks,

8 9 6 U 0 0 0 0 2 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

The full name and occupation of its parents, the date and place of birth; and the sex, color, etc., of the child, to be collected at the time of the birth of such child, and reported in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third child

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan. 13 th.
4. Place of Birth, (Street and Number) 223 Rodgers Ave.
5. Full Name of Mother, Lizzie Williams
6. Mother's Maiden Name, Lizzie Newman
7. Mother's Birthplace, Westmoreland Co., Va.
8. Full Name of Father, Thomas Williams
9. Father's Occupation Coal cart driver
10. Father's Birthplace, Westmoreland Co., Va.

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary Williams

Address, 223 Rodgers Ave.

Remarks, Child and mother doing well.

8760000228

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 13th 1896
4. Place of Birth, (Street and Number) 112 E. 24th St.
5. Full Name of Mother, Constance Wilmer Wine
6. Mother's Maiden Name, Constance Pierce Wilmer
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Wilton Wine
9. Father's Occupation, Student
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Robert J. Atkinson M.D.

Address, 1037 N. Carlin St

Remarks,

8 9 6 0 0 0 0 2 2 9

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth and Sixth

1. Sex, (state whether male or female) Females
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 13th 1896
4. Place of Birth, (Street and Number) 625 Wyeth St
5. Full Name of Mother, Martha Ellen Joyce
6. Mother's Maiden Name, Young
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm H Joyce
9. Father's Occupation Paper Hanger
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Asa Bangs

Address, 714 N. Gay St

Remarks,

8960000230

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 1. Be it enacted by the General Assembly of Maryland, That the Board of Health of Baltimore City shall cause to be printed such number of blank forms as may be necessary for the registration of births and deaths, which forms shall be furnished to the midwives, physicians and undertakers of said city, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the

RETURN OF A BIRTH. 71403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 13th
4. *Place of Birth, (Street and Number)* 1106 Columbia Ave
5. *Full Name of Mother,* Mary E. Torbeck
6. *Mother's Maiden Name,* " " Carey
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Charles H. Torbeck
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mr. C. H. Carr

Address, 660 N. Saratoga St.

Remarks,

8 9 6 0 0 0 0 2 3 1

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 71404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. *Sex, (state whether male or female)*	Girl.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	13. January.
4. *Place of Birth, (Street and Number)*	N. 312. Register Street.
5. *Full Name of Mother,*	Justine Wiesbeck.
6. *Mother's Maiden Name,*	Justine Hohe.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Peter Wiesbeck.
9. *Father's Occupation*	Tinner.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return,	Mary Glass.
Address,	N. 9. Wolfe Street.
Remarks,	

8 9 6 0 0 0 0 2 3 2

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth the full name and occupation of its parents, the date and place of birth and the name conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71405

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 13 1896
4. Place of Birth, (Street and Number) 2207 Mcfadden y St Balt
5. Full Name of Mother, Birtha Baldily, unmaried
6. Mother's Maiden Name, Baltimore Md
7. Mother's Birthplace, Joseph Calman
8. Full Name of Father, warf in coal yard
9. Father's Occupation, Baltimore Md
10. Father's Birthplace, Geargeanna Brooks

Name of Medical Attendant, or other person who makes this Return, 1751 Mulikin St.

Address, No remarks

Remarks,

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Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child; if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 71406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 13th 96
4. *Place of Birth, (Street and Number)*	1208 N Franklin St
5. *Full Name of Mother,*	Mary E Hughs
6. *Mother's Maiden Name,*	Mary E Brasey
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	John S Hughs
9. *Father's Occupation,*	Coach Maker
10. *Father's Birthplace,*	Baltimore County Md
Name of Medical Attendant, or other person who makes this Return.	Phil L Fried M D
Address,	Cor St Paul & Fulton Ave
Remarks,	

8 9 6 0 0 0 0 0 2 3 4

nth, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 71407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 2nd 1896
4. Place of Birth, (Street and Number) 109 Market Space
5. Full Name of Mother, Rebecca Hershkaust
6. Mother's Maiden Name, " Rosenbloth
7. Mother's Birthplace, Russia
8. Full Name of Father, Isaac Hershkaust
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return Mrs A Feldman

Address, 1013 E Fairbard St.

Remarks,

8960000235

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth which occurs in Baltimore City shall be reported to the Commissioner of Health, and the certificate of birth shall state the place of birth, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 3 of January 1896
4. Place of Birth, (Street and Number) 1216 Weddery st
5. Full Name of Mother, Lene Miller
6. Mother's Maiden Name, Lasher
7. Mother's Birthplace, Pottes Prushnie
8. Full Name of Father, Max Miller
9. Father's Occupation, Tailor
10. Father's Birthplace, Pollen Prushnie

Name of Medical Attendant, or other person who makes this Return, M. Flinder M. D.

Address, 143 n. Front st

Remarks,

8 9 6 0 0 0 0 2 3 6

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 5 of January 1896
4. Place of Birth, (Street and Number) 1216 Mecklenburg st
5. Full Name of Mother, Alberta Harrison
6. Mother's Maiden Name, Tiner
7. Mother's Birthplace, Austria
8. Full Name of Father, Chas. Harrison
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia Kovene state

Name of Medical Attendant, or other person who makes this Return, H. Flender M. D.

Address, 143 N. Front st

Remarks,

8 9 8 0 0 0 0 2 3 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, ~~February~~ Jan. 10th
4. Place of Birth, (Street and Number) Ethel St. 1705.
5. Full Name of Mother, Alice Thompson.
6. Mother's Maiden Name,
7. Mother's Birthplace, Chambersburg
8. Full Name of Father, Harley Tolbs.
9. Father's Occupation, Barber.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Hester Coleman

Address, 509 Preston St.

Remarks,

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 13/96
4. Place of Birth, (Street and Number) 753 Saratoga
5. Full Name of Mother, Mrs Emma Bowen
6. Mother's Maiden Name,
7. Mother's Birthplace, Del
8. Full Name of Father, Chas Bowen
9. Father's Occupation, Wagon builder
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. H. F. Doll

Address, 1001 Ed. Ave

Remarks, Mother died 2 hrs. after birth of child of acute albuminuria

8760000239

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/7/12

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8.
1. Sex, (state whether male or female)	2. Girls. Twins.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	13. January.
4. Place of Birth, (Street and Number)	N. 25. Wolfe. Street.
5. Full Name of Mother,	Olga. Sobeslev.
6. Mother's Maiden Name,	Olga Takas.
7. Mother's Birthplace,	Germany.
8. Full Name of Father,	George Sobeslev.
9. Father's Occupation	Tailor.
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return,	Mary Hess.
Address,	N. 9. N. Wolfe. Street.
Remarks,	

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Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 13th 1896
4. Place of Birth, (Street and Number) 1330 Garrett Ave
5. Full Name of Mother, Helene Wistinghausen
6. Mother's Maiden Name, Helene Meier
7. Mother's Birthplace, Russia
8. Full Name of Father, Fritz Wistinghausen
9. Father's Occupation, Machinist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Ethel

Address, No 1619 Cuba St

Remarks,

8760000241

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* M -
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth* Jan 14th 1896
4. *Place of Birth, (Street and Number)* 819 N. Charles
5. *Full Name of Mother,* E. N. Bruhn
6. *Mother's Maiden Name,* Heinrichs
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Geo J. Bruhn
9. *Father's Occupation,* Physician
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other Person who makes this Return. Geo J. Bruhn M.D.

Address, 819 N. Charles St.

Remarks,

8760000242

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 71415

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Mail
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 14th 1896
4. *Place of Birth, (Street and Number)* 1639 Calhoun St Balto Md
5. *Full Name of Mother,* Annie Gray
6. *Mother's Maiden Name,* Annie Johnson
7. *Mother's Birthplace,* Richmond Va.
8. *Full Name of Father,* Benjamin Gray
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Calvert Md

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 1537 Whatcoat St

Remarks,

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Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as full as the same can be ascertained, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/4/16

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th.

1. *Sex (state whether male or female)* Male

2. *Race or Color (if not of the white race)* White

3. *Date of Birth* 14th. Sept. 1876

4. *Place of Birth (Street and Number)* 19 N. North Dallas St.

5. *Full Name of Mother* Susan V. Fluter

6. *Mother's Maiden Name* Sarah V. Clocker

7. *Mother's Birthplace* St. Mary's County, Maryland

8. *Full Name of Father* John C. Fluter

9. *Father's Occupation* Drummer

10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Kate Lanahan

Address 1049 Nth Gay St.

Remarks Drowned.

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at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 71417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Margaret Anna ~~Appel~~ 6th Child.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 Jan ~~16 Dec~~ 1896
4. Place of Birth, (Street and Number) 3139 Fillmore ~~Appel~~
5. Full Name of Mother, Annie ~~Appel~~ Meusel
6. Mother's Maiden Name, Annie ~~Appel~~ Meusel
7. Mother's Birthplace, Germany
8. Full Name of Father, ~~Appel~~ Appel, Conrad
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Schuman

Address, 2529 E. Fayette st

Remarks, CERTIFICATE CORRECTED 1-19-54 h.m.

1896 00000245

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 4-7-55

RETURN OF A BIRTH. 71418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William John ——— Gloman.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 14th 1896
4. *Place of Birth, (Street and Number)* No 534 East Avenue
5. *Full Name of Mother,* Barbara Gloman
6. *Mother's Maiden Name,* Barbara Starkpfuss
7. *Mother's Birthplace,* Bavaria Germany
8. *Full Name of Father,* Alfred R Gloman
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Canada

Name of Medical Attendant, or other person who makes this Return, Mrs Hannah Knowles

Address, 2103 Orleans Street City

Remarks,

89 0 U 0 0 0 2 4 6

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 14th 11
4. Place of Birth, (Street and Number) Bond St. 528
5. Full Name of Mother, Rosa Guillepsi
6. Mother's Maiden Name, " Popeslei
7. Mother's Birthplace, Poland
8. Full Name of Father, Joseph Guillepslei
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krozka

Address, 602 Bond St

Remarks, child lived 1 hour after it was born

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Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each parent, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the mother, immediately thereafter, shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Balto. Jan. 17, 1826
4. *Place of Birth, (Street and Number)*	42 E. Fork St. Balto.
5. *Full Name of Mother,*	Lena Bernstein
6. *Mother's Maiden Name,*	Cooper
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Harry Bernstein
9. *Father's Occupation*	Pants Shop
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	Mrs. Lena Bernstein
Address,	42 E. Fork St. Balto.
Remarks,	

1896000000248

Wm. J. C. Dulany Co., City Printers and Stationers.

Physician or other person required to report the birth of any child shall report the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 7421

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth*	January 15 1900
4. *Place of Birth, (Street and Number)*	Penna ave & Greed St
5. *Full Name of Mother*	Lizzie Eidman
6. *Mother's Maiden Name*	Lizzie Smith
7. *Mother's Birthplace*	Balto Co
8. *Full Name of Father*	Henry D Eidman
9. *Father's Occupation*	Bookbinder
10. *Father's Birthplace*	Balto.
Name of Medical Attendant, or other Person who makes this Return.	J A Gosling
Address	951 Wood Ave
Remarks	

8960000249

Whether, during the time of child's birth, sex, and condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 71422

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, January 15th 1896
4. Place of Birth, (Street and Number) 1415 E. Pratt St.
5. Full Name of Mother, Mrs. Catherine Chaffman
6. Mother's Maiden Name, Catherine Duffy
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Lewis Chaffman
9. Father's Occupation Bakeman
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, W. Bland Bird M.D.

Address, 1007 E. Baltimore St.

Remarks,

1896 0 0 0 0 2 5 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Note.—The object of this return is to have ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 15. 1896
4. *Place of Birth, (Street and Number)* 913 Arlington Avenue
5. *Full Name of Mother,* Roberta McElroy
6. *Mother's Maiden Name,* Gaul
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Geo J McElroy
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Marburg Brewer. md

Address, 1106 McCulloh street

Remarks,

8960000251

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 15th 96.
4. Place of Birth, (Street and Number) 1619 N. Regester st.
5. Full Name of Mother, Mary C. Southcomb
6. Mother's Maiden Name, Mary C. Amspacher
7. Mother's Birthplace, Glenn Rock Pa.
8. Full Name of Father, John R. Southcomb
9. Father's Occupation Collector
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Charles H. A. Meyer M. D.

Address, 1019 N. Caroline st.

Remarks,

8960000252

Wm. J. C. Dulany Co., City Printers and Stationers

Under the provisions of Section 4 of Ordinance No. 1, approved April 1, 1898, it is hereby made the duty of the attending physician or practicing midwife, within thirty-six hours after the birth of any child, to report the same to the Commissioner of Health, and to state in such report the full name and residence of the parents, the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of the child of the mother (whether first, second, third, &c.), so far as the same can be ascertained. The full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71425

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (II.) Second.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 16 1896
4. Place of Birth, (Street and Number) #2800 W. Lanvale St
5. Full Name of Mother, Katie Phelan
6. Mother's Maiden Name, Katie Hahn
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Harry W Phelan
9. Father's Occupation Conductor
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Gilmour Yarnick M.D.

Address, #264 Raynor Ave

Remarks,

Been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1896000000253

RETURN OF A BIRTH. 7/426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th January
4. Place of Birth, (Street and Number) ~~1218~~ Columbia Ave
5. Full Name of Mother,
6. Mother's Maiden Name, Mary Underfliseman
7. Mother's Birthplace, Germany
8. Full Name of Father, Robert E Gibson
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Susan Waters 145

Address, 1218 Bayard St

Remarks,

1896U000254

Wm J. C. Dulany Co., City Printers and Stationers.

Register of such Births, and shall enter the same in a book to be kept for that purpose by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 16/96
4. Place of Birth, (Street and Number) 842 Woodward St.
5. Full Name of Mother, Clara Fallon
6. Mother's Maiden Name, Hofman
7. Mother's Birthplace, Maryland
8. Full Name of Father, Wm. Fallon
9. Father's Occupation Candy Maker
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Wm B Rider

Address, 867 Harlem Ave.

Remarks,

1896000000255

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall be given the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance, upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 16th 1900
4. Place of Birth, (Street and Number) 1809 Lemmon st
5. Full Name of Mother, Ladie Haney
6. Mother's Maiden Name,
7. Mother's Birthplace, Anandal Co Md.
8. Full Name of Father, Ingram Brown
9. Father's Occupation School Boy
10. Father's Birthplace, Baltimore Co

Name of Medical Attendant, or other person who makes this Return, Mary Haney

Address, 1809 Lemmon st

Remarks,

8 9 6 U 0 0 0 2 5 6

Wm. J. C. Dulany Co., City Printers and Stationers.

The full name and occupation of its parents, the date and place of birth, and the sex, color, and number (as to whether first, second, third, or other child born) of the child, must be given in every case where a birth has been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, Jan. 16. 1896
4. Place of Birth, (Street and Number) 905 Eden Place
5. Full Name of Mother, Annie Jones
6. Mother's Maiden Name, Annie Carter
7. Mother's Birthplace, Stuart, Country
8. Full Name of Father, Robert Jones
9. Father's Occupation Laboring
10. Father's Birthplace, Virginia.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1896 00000257

Wm. J. C. Dulany Co., City Printers and Stationers.

Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 th child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Balto. Jan. 16/96
4. Place of Birth, (Street and Number) 27 Birkhead St. Balto. MD.
5. Full Name of Mother, Lizzy Warner
6. Mother's Maiden Name, Lizzy Eichelbaum
7. Mother's Birthplace, Russia
8. Full Name of Father, Benjamin Warner
9. Father's Occupation Shoe Store
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Lena Barker

Address, 41 E York St. Balto.

Remarks,

18960000258

Wm. J. C. Dulany Co., City Printers and Stationers

(Name conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex, (state whether male or female)* Girl (White)
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Baltimore Jan. 16 1926
4. *Place of Birth, (Street and Number)* 525 Hanover Street Balto.
5. *Full Name of Mother,* Sonah Liberman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Abraham Liberman
9. *Father's Occupation* Suspender Factory
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Lena Lander

Address, 41 E. York St. Balto

Remarks,

8 9 6 U 0 0 0 0 2 5 9

Wm. J. C. Dulany Co., City Printers and Stationers

Month, and shall set forth the full name and occupation of its parents, the date and place of birth; and the name conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. *Sex, (state whether male or female)*	Girl.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	16. January.
4. *Place of Birth, (Street and Number)*	N. 109. Broadway.
5. *Full Name of Mother,*	Martha Brentel.
6. *Mother's Maiden Name,*	Martha. Greiner.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Louis Brentel.
9. *Father's Occupation*	Molder.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return,	Mary E. Kloss.
Address,	N. 9. N. Wolfe. Street
Remarks,	

8 9 6 0 0 0 0 2 6 0

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 71433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3t a

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16t of Januar 1896.
4. Place of Birth, (Street and Number) 662 Edgar Place
5. Full Name of Mother, Bertha Kindop.
6. Mother's Maiden Name, Bertha Bronk
7. Mother's Birthplace, Germany
8. Full Name of Father, Carl Kindop
9. Father's Occupation, Tinner
10. Father's Birthplace, Russian

Name of Medical Attendant, or other person who makes this Return, Mrs Ida Hill

Address, 20 f. N. Castle Str

Remarks, ~~~~

8 9 6 0 0 0 0 2 6 1

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Both Christian name, sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) X

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Jan 17 96
4. *Place of Birth, (Street and Number)* 1722 East Fayette Street,
5. *Full Name of Mother,* Rosa Yorkman
6. *Mother's Maiden Name,* " Harden
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Yorkman
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo W Dobbin M.D.

Address, The Johns Hopkins Hospital

Remarks,

8 9 6 U 0 0 0 0 2 6 2

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 12-12-55

RETURN OF A BIRTH. 71435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Peter Theodore Schelle

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 1/17/46
4. Place of Birth, (Street and Number) No. 617 N Mansfield ave
5. Full Name of Mother, Mamie Schelle
6. Mother's Maiden Name, nee Allen
7. Mother's Birthplace, Balti.
8. Full Name of Father, Peter Schelle
9. Father's Occupation Horsecutter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return Mrs. L. Gunn.

Address, No. 1907 E. Monument Str

Remarks,

8.9 6 0 0 0 0 2 6 3

Wm. J. C. Dulany Co., City Printers and Stationers.

...ing the name and occupation of its parents, the date and place of birth; and the ...been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately; thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Friday Jan 4 1916
4. Place of Birth, (Street and Number) Pearl st 322
5. Full Name of Mother, Amary Agnes Jones
6. Mother's Maiden Name, " " Rattican
7. Mother's Birthplace, Balto City
8. Full Name of Father, George Louis Jones
9. Father's Occupation Clerk
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Mrs. Hunter

Address, No 322 Pearl st

Remarks, Son good health

Son of Fourth Dau 0 2 3 6 1 Registration

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth occurring in this city shall be registered, and the person required by law to register the birth of any child shall state the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the maiden name of the mother, which information shall be entered in a record to be kept for that purpose, and a certificate of the birth shall be made in the form of a certificate between the first and second pages of this schedule, which certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 of January
4. *Place of Birth, (Street and Number)* 416 Chester str
5. *Full Name of Mother,* Mary Svetz
6. *Mother's Maiden Name,* Mary Jerschek
7. *Mother's Birthplace,* New york
8. *Full Name of Father,* Jos Svetz
9. *Father's Occupation* Thailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Luise Watera

Address, 1010 Durham str

Remarks,

8 9 6 0 0 0 0 2 6 5

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 17-96
4. *Place of Birth, (Street and Number)* 319 W. German St.
5. *Full Name of Mother,* Elizabeth Karalus.
6. *Mother's Maiden Name,* Elizabeth Stenkunas
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Michael Karalus.
9. *Father's Occupation.* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Johannah F. Pitrois, M.D.

Address, 1928 1/2 W. Pratt st. city

Remarks,

8960000266

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race ~~or Color, (if not of the~~ white race)
3. Date of Birth, Jan 17th 1896
4. Place of Birth, (Street and Number) 341 S. Chester st
5. Full Name of Mother, Ellen Thelan
6. Mother's Maiden Name, Murphy
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Andrew Thelan
9. Father's Occupation Stevedore
10. Father's Birthplace, Ohio

Name of Medical Attendant, or other person who makes this Return, J. Ridgway André M.D.

Address, 1123 E Baltimore st

Remarks,

8960000267

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Color
3. *Date of Birth,*	January 18 1896
4. *Place of Birth, (Street and Number)*	1623 Carlton St.
5. *Full Name of Mother,*	Isabelle Thomas
6. *Mother's Maiden Name,*	Isabelle Scott
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Harry Thomas
9. *Father's Occupation*	Laboring
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	
Address,	
Remarks,	

1896 0000268

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name and place of birth; and the name, color, and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the birth of any child third day of each and every month to the office of the Commissioner of Health. In case no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	18 of January 1896
4. *Place of Birth, (Street and Number)*	1634 Bateer str
5. *Full Name of Mother,*	Annie Picha
6. *Mother's Maiden Name,*	Annie Barbarka
7. *Mother's Birthplace,*	Bohimen
8. *Full Name of Father,*	Frank Picha
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Bohimen
Name of Medical Attendant, or other person who makes this Return,	1010 Durham str
Address,	Luise Svatora
Remarks,	1010 Durham str

8960000002 69

Wm. J. C. Dulany Co., City Printers and Stationers.

Mother, and shall state the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7,442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 18th 1896
4. Place of Birth, (Street and Number) 369 S. Bond st. Balto. Md.
5. Full Name of Mother, Lena Madaline Duncan
6. Mother's Maiden Name, Lena Madaline Uzzi.
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, George W. Duncan
9. Father's Occupation Clerk.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Harriet E Knowles

Address, 2103 Orleans st. Balto. Md.

Remarks,

1896 U 000270

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71443

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 18. 1896
4. *Place of Birth, (Street and Number)* Reed St
5. *Full Name of Mother,* Rosie Ely
6. *Mother's Maiden Name,* ~~Rosie~~ ~~Ely~~ Born
7. *Mother's Birthplace,* Eastern Shore
8. *Full Name of Father,* Lawrence Ely
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Lucas E. Bailey

Address, No 8 Talbot St Waverly

Remarks, Still Born.

8760000271

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 18th 1896
4. Place of Birth, (Street and Number) 1921 = 1/2 Druid Hill Ave.
5. Full Name of Mother, Grace V. Silghman
6. Mother's Maiden Name, " " Norman
7. Mother's Birthplace, City
8. Full Name of Father, Henry D. Silghman
9. Father's Occupation Clerk
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Wm. A. B. Sellman M.D.

Address, 5 E. Biddle St.

Remarks,

1896 U 000272

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) —
3. Date of Birth, 1/16/96
4. Place of Birth, (Street and Number) No 1409 McElderry Ave
5. Full Name of Mother, Nellie Amos
6. Mother's Maiden Name, Dillon
7. Mother's Birthplace, Eastern Shore
8. Full Name of Father, Chas. Amos
9. Father's Occupation Musician
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gast

Address, No. 1907 E Monument St

Remarks,

1896000002735

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71446

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Child of Mother (state whether 1st, 2d, 3d, &c.)

(state whether Male or Female) Male

or Color (if not of the white race) Colored

of Birth Jan 18th 1896

e of Birth (Street and Number) Baltimore 861 Vine

Name of Mother Addie Rebecca ~~Fuston~~ Proctor

er's Maiden Name Addie Rebecca Fusher

er's Birthplace Baltimore

Name of Father Ernest Lee Proctor

er's Occupation Coachman

er's Birthplace Charles Co

e of Medical Attendant, or other Person who makes this Return. Mrs Sofia Johnson

ress Biddle St

arks Shelter

1896 0 0 0 0 2 7 4

RETURN OF A BIRTH. 7147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 18. 1876.
4. *Place of Birth, (Street and Number)*	215. S. Grave st.
5. *Full Name of Mother,*	Francis Garbus.
6. *Mother's Maiden Name,*	Francis Karalus.
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Joseph Garbus.
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return.	Johannah T. Bevis. M.D.
Address,	1928½ W. Pratt Street city.
Remarks,	

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month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 19. 1896
4. Place of Birth, (Street and Number) 1744. N. Charles. St
5. Full Name of Mother, Annie. Ferguson hopkins
6. Mother's Maiden Name, Annie. Ferguson
7. Mother's Birthplace, Baltimore. md
8. Full Name of Father, William. B. hopkins
9. Father's Occupation, Waterman. on cars
10. Father's Birthplace, Baltimore. md

Name of Medical Attendant, or other person who makes this Return, Edmonia ja. anderson

Address, 1434. Patapsco St

Remarks,

0760000276

Wm J C. Dulany Co., City Printers and Stationers.

Births concerning its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Josephine H. Long

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd. child

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Jan 13th 1896.
4. Place of Birth, (Street and Number) #511 S. Patterson Pk. Ave Balto.
5. Full Name of Mother, Mary Henrietta Long.
6. Mother's Maiden Name, Mary Henrietta Wilson.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father William S. (John) Long.
9. Father's Occupation, Labor.
10. Father's Birthplace, Baltimore.

Name of Medical Attendgnt, or other person who makes this Return. Rev. Mary A. Clayton.

Address, #611 S. Patterson Pk. Ave Balto. Md.

Remarks,

8960000277

Wm J C. Dulany Co., City Printers and Stationers.

been collected its sex, color the full name and occupation of the father, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth, of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 19th 1896
4. Place of Birth, (Street and Number) 1210 E Baltimore St
5. Full Name of Mother, Annie Edwards
6. Mother's Maiden Name, Annie Ridgely
7. Mother's Birthplace, Middle Ext Co. Va
8. Full Name of Father, Henry Edwards
9. Father's Occupation Laborer
10. Father's Birthplace, Anne Arundel Md.

Name of Medical Attendant, or other person who makes this Return. Mary Hopkins

Address, 1807 Druid Hill Ave

Remarks,

1896 U 0000278

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71451

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 19th
4. Place of Birth, (Street and Number) 718 Mulberry St
5. Full Name of Mother, Lucy Wilson
6. Mother's Maiden Name, Lucy Travers
7. Mother's Birthplace, Westmoreland Co. Va.
8. Full Name of Father, Wm. H. Wilson
9. Father's Occupation Labor
10. Father's Birthplace, Easternshore Md.

Name of Medical Attendant, or other person who makes this Return, Susan Hoopes

Address, 123 Linkum St

Remarks, No remarks But doing well

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been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 Jan (1896)
4. *Place of Birth, (Street and Number)* 613 Rosgester st
5. *Full Name of Mother,* Hermine Kriegler
6. *Mother's Maiden Name,* Hermine Edling
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* ~~Kriegler~~ Lorenz Kriegler
9. *Father's Occupation* Labore
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Sch Ongan

Address, 2522 E Fayette st

Remarks,

18960000280

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 71453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, Jan 19-1896
4. Place of Birth, (Street and Number) 834 Laborg St
5. Full Name of Mother, Rosa E Gibbons
6. Mother's Maiden Name, Rosa Tibbetts
7. Mother's Birthplace, Northampton Va
8. Full Name of Father, Horace Garrison
9. Father's Occupation Laborer
10. Father's Birthplace, Accomac Co Va

Name of Medical Attendant, or other person who makes this Return, G Harlow Williams

Address, 910 Leadenhall St

Remarks,

8460000281

Wm. J. C. Dulany Co., City Printers and Stationers.

Information as to sex, color, the full name and occupation of its parents, the date and place of birth; and the number (if any) conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19. of January 1896
4. Place of Birth, (Street and Number) 2205. Fayette Str
5. Full Name of Mother, Eva Mc Greevy
6. Mother's Maiden Name, Eva Ruppel
7. Mother's Birthplace, Baltimore M. D.
8. Full Name of Father, William Mc Greevy
9. Father's Occupation, Steam Fitter
10. Father's Birthplace, Baltimore M. D.

Name of Medical Attendant, or other person who makes this Return, Mrs. Ida Hill M. D.

Address, 208. N. Castle Str Baltimore.

Remarks, \ \ \ \ \

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Wm J C. Dulany Co., City Printers and Stationers.

71455

RETURN OF A BIRTH.

~~71445~~

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 and

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 20th 1896
4. *Place of Birth, (Street and Number)* 234 N. Bond st
5. *Full Name of Mother,* Mamie Moxley
6. *Mother's Maiden Name,* Mamie Ritchard
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Moxley
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs Burns

Address, 16 W. Chester st

Remarks, Balto

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Wm. J. C. Dulany Co,. City Printers and Stationers.

been concerned. Its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 20/96
4. *Place of Birth, (Street and Number)*	1638 W. Fayette st
5. *Full Name of Mother,*	Margarite Letzer
6. *Mother's Maiden Name,*	Margarite Huber
7. *Mother's Birthplace,*	Balto city
8. *Full Name of Father,*	Edward H. Letzer
9. *Father's Occupation*	Book Keeper
10. *Father's Birthplace,*	Balto city
Name of Medical Attendant, or other person who makes this Return.	E. Michaux M.D.
Address,	411 S. Sharp st
Remarks,	

84500002084

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth therein as to the same (or as to such of them as he can ascertain), the date and place of birth, and the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and the provisions of this section shall be sub-ject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January th 20 1896
4. *Place of Birth, (Street and Number)* 2214 Madary st Baltimore
5. *Full Name of Mother,* Eleanora Addison
6. *Mother's Maiden Name,* Eleanora Pratt
7. *Mother's Birthplace,* eastern Shore Somerset Co Md
8. *Full Name of Father,* Joshua Henry Addison
9. *Father's Occupation* work in lumber yard
10. *Father's Birthplace,* Annerundal Co Md

Name of Medical Attendant, or other person who makes this Return, Georgeanna Brooks

Address, 175-1 Mulliken st

Remarks, no remarks

1896000002805

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 8-7-50

RETURN OF A BIRTH 71458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Leonard Eugene Kehl

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Primary

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 20th 1926 4 a m.

4. Place of Birth, (Street and Number) N. W. Cor. Lexington and Arlington Ave

5. Full Name of Mother, Catherine Kehl

6. Mother's Maiden Name, Catherine Lehr

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Louis Kehl

9. Father's Occupation, Cabinet Maker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. A. D. Gaston M D

Address, 1136 E Lexington St

Remarks,

8960000285

month, and shall state the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it should become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person in the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 71439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* January 21, 1876
4. *Place of Birth, (Street and Number)* 1183 W. Lacoat Street
5. *Full Name of Mother,* Hilman Jones
6. *Mother's Maiden Name,* Hilman Herbert
7. *Mother's Birthplace,* Stuarp Co.
8. *Full Name of Father,* Robert Jones
9. *Father's Occupation* Laboring
10. *Father's Birthplace,* Stuarp Co.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8960000002807

month, and shall set forth as far as the same can be ascertained, the full name, sex, color, and place of birth; and the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 21, 1896
4. Place of Birth, (Street and Number) 820 Jackson St.
5. Full Name of Mother, Martha Benner
6. Mother's Maiden Name, Tipperman
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm. Frank Benner
9. Father's Occupation Mason
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Dr Norwood Lucas

Address, 939 W Fayette St

Remarks,

18960000288

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-15-60

RETURN OF A BIRTH. 71461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edith Jessie Gorsuch

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 212 N. Gilmore St
4. Place of Birth, (Street and Number) Jan 1, 1896
5. Full Name of Mother, Lizzie Gorsuch
6. Mother's Maiden Name, Garrett
7. Mother's Birthplace, Delaware
8. Full Name of Father, Jas T. Gorsuch
9. Father's Occupation Express Agent
10. Father's Birthplace, Oxford Md

Name of Medical Attendant, or other person who makes this Return, L. Norwood M.D.

Address, 939 Gay St.

Remarks,

1896 U 0002289

Wm. J. C. Dulany Co., City Printers and Stationers.

Every child born within the limits of Baltimore City, hereafter born, shall be registered, and a certificate of birth shall be procured for the same, by the parents, or one of them, if living, or by the householder, or owner of the premises where the child was born, or by the nurse in attendance upon the mother at the birth, or by the midwife, or by the physician present at the birth, as the case may be, and it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 21st 1896.
4. *Place of Birth, (Street and Number)*	119. South Pond Street
5. *Full Name of Mother,*	Annie Smith
6. *Mother's Maiden Name,*	Annie Daly
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	George Smith
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	Mrs. Annie Lenz midwife
Address,	1539 Alice Anna Street
Remarks,	

1896000002900

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall state the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in said schedule shall be delivered to the office of the Commissioner of midwifery, or should no other person be in shall occur without the mother, immediately thereafter it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter fail to comply with the provisions of the period above required, and attendance upon the Commissioner of Health, in the manner and within the provisions of this section shall be sub- child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, January 21st 96
4. Place of Birth, (Street and Number) 622 N Saratoga st
5. Full Name of Mother, Harriett Jones
6. Mother's Maiden Name, Harriett Chase
7. Mother's Birthplace, Easton Talbot Co
8. Full Name of Father, William R Jones
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Elijah Hamilton

Address, 626 N Eutaw st

Remarks,

8960000291

Wm. J. C. Dulany Co., City Printers and Stationers.

The Commissioner will furnish the proper blanks in the form of a certificate between the first and fifth days of each month, which shall be delivered, duly signed by the practitioner in the case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2d Sept. 1896
4. *Place of Birth, (Street and Number)* 228 N. Hilton Ave.
5. *Full Name of Mother,* Mary Robbe
6. *Mother's Maiden Name,* Mary Miller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fred Robbe
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. Schuman Jr.

Address, 225 S. Fayette St.

Remarks,

1896U000292

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth, and whether it was the first and
practitioner in the form of a certificate between the first and
the Commissioner of Health. In case the birth of any child
or practitioner of midwifery, or should no other person be in
said schedule shall be delivered, duly signed by the physician or practitioner, to the office of the Commissioner of Health, on the
third day of each and every month to the office of the person or parents of such
shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such
attendance upon the mother, immediately after the period above required, and
child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 71465

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	January the 21 1896
4. *Place of Birth, (Street and Number)*	Hickory avenue 298
5. *Full Name of Mother,*	Annie R Phillips
6. *Mother's Maiden Name,*	Annie R Grimes
7. *Mother's Birthplace,*	Carrol County Md
8. *Full Name of Father,*	Amon Phillips
9. *Father's Occupation,*	Foreman of the Shop
10. *Father's Birthplace,*	Carrol County Md
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Ginneman
Address,	Hampden
Remarks,	

8960000293

month, and shall set forth as to the mother the full name and occupation of its parents, the date and place of birth, and the number of children to which she has given birth, and as to the father the full name and occupation of the father, and shall state whether the child was born alive or dead, and if dead, whether it had been delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. D. SULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 71466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1/21/96
4. *Place of Birth, (Street and Number)*	500 Sharp st
5. *Full Name of Mother,*	Fannie B Forsyth
6. *Mother's Maiden Name,*	" Cooper
7. *Mother's Birthplace,*	Fairfax Va.
8. *Full Name of Father,*	Chas E Forsyth
9. *Father's Occupation*	Printer
10. *Father's Birthplace,*	Balt City
Name of Medical Attendant, or other person who makes this Return,	E W Ellis M D
Address,	733 W Fayette st
Remarks,	

8960000294

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Six

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 21
4. Place of Birth, (Street and Number) 1155 Pinckney St
5. Full Name of Mother, Mrs F K Barry
6. Mother's Maiden Name, Kate Finchs
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank K Barry
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs A. M. Bischoff

Address, No 1137 Carroll Ste

Remarks,

8 9 6 0 0 0 0 2 9 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, physician or practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Tenth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 21
4. *Place of Birth, (Street and Number)*	233 Duncan st.
5. *Full Name of Mother,*	Virginia Pedman
6. *Mother's Maiden Name,*	Virginia Hagden
7. *Mother's Birthplace,*	Sussex Co. Del.
8. *Full Name of Father,*	John Pedman
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return,	Mary A. Pertuer
Address,	241 S. Chester st.
Remarks,	

8960000296

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...been conferred, duly signed by the practitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~*state whether 1st, 2d, 3d, &c.*~~) 4th.

1. *Sex,* (~~*state whether male or female*~~)
2. *Race or Color,* (~~*if not of the white race*~~)
3. *Date of Birth,* January 22nd 1896.
4. *Place of Birth,* (Street and Number) 663 W. Lexington St.
5. *Full Name of Mother,* Fannie E. Lehman.
6. *Mother's Maiden Name,* Fannie E. Frost.
7. *Mother's Birthplace,* Wrightsville, Pa.
8. *Full Name of Father,* Jacob E. Lehman.
9. *Father's Occupation* Butcher.
10. *Father's Birthplace,* Wrightsville, Pa.

Name of Medical Attendant, or other person who makes this Return, John L. C. Bryan M.D.

Address, 663 W. Lexington St.

Remarks,

1896 0 0 0 0 2 9 7

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the attendance upon the mother, immediately thereafter; it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7147.0

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 22.

4. Place of Birth, (Street and Number) 423 Madeira Alley.

5. Full Name of Mother, Mary Gunner

6. Mother's Maiden Name, Mary Byle

7. Mother's Birthplace, Balto.

8. Full Name of Father, Peter Gunner

9. Father's Occupation Laborer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary A. Portner

Address, 241 S. Chester st.

Remarks,

0960000293

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth, color, the full name and occupation of its parents, the date and place of birth, and the been conferred, its sex, said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 23d 1896
4. *Place of Birth, (Street and Number)*	913 Myrtle Ave
5. *Full Name of Mother,*	Mary C. Buxbaum
6. *Mother's Maiden Name,*	Mary C. Smith
7. *Mother's Birthplace,*	Baltimore, Md
8. *Full Name of Father,*	Joseph Buxbaum
9. *Father's Occupation*	Hackman
10. *Father's Birthplace,*	Baltimore, Md
Name of Medical Attendant, or other person who makes this Return,	Addison C. Fox. M.D
Address,	1205. West Fayette Street
Remarks,	

0,6000002999

Wm. J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) ~~Black~~ Negro
3. Date of Birth, January 22, 1896
4. Place of Birth, (Street and Number) 1105 Mason Alley
5. Full Name of Mother, Maria Armstrong
6. Mother's Maiden Name, Maria Ashwood
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Oliver Grant Armstrong
9. Father's Occupation Drayman
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Margaret R. Mackenzie M. D.

Address, 1221 Madison Avenue Baltimore Md

Remarks,

1896 U 00003 00

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the attendance upon the mother, immediately thereafter, and within the period above required, and shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner or midwifery, or should no other person be in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71473

GIVEN NAME ADDED, 1/27/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: NELLIE GRACE WIMMER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 22nd 1896
4. Place of Birth, (Street and Number) 613 Fayette Ave
5. Full Name of Mother, Amanda E Wimmer
6. Mother's Maiden Name, Amanda E Lynch
7. Mother's Birthplace, Mount Washington
8. Full Name of Father, William Wimmer
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary I Peregoy

Address, 2847 Eastwail

Remarks,

8900000301

Wm. J. C. Dulany Co., City Printers and Stationers.

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the ...been conferred, duly signed by the practitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71474

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 22/96
4. *Place of Birth, (Street and Number)*	307 S. Sharp St
5. *Full Name of Mother,*	Florence V. Murphy
6. *Mother's Maiden Name,*	Florence V. Snyder
7. *Mother's Birthplace,*	Frederick Co Md
8. *Full Name of Father,*	French Murphy
9. *Father's Occupation*	K. K. Brakeman
10. *Father's Birthplace,*	Frederick Co Md
Name of Medical Attendant, or other person who makes this Return.	E. Michaeux M.D.
Address,	411 S. Sharp St
Remarks,	

1896 U 0000302

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71475

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* The 22 of January 1883

4. *Place of Birth, (Street and Number)* 1837 Old Kirk Rd

5. *Full Name of Mother,* Mary Peter.

6. *Mother's Maiden Name,* Mary Corcoran

7. *Mother's Birthplace,* Balto County

8. *Full Name of Father,* Conrad Peter

9. *Father's Occupation* Carpenter

10. *Father's Birthplace,* Balto County

Name of Medical Attendant, or other person who makes this Return, Dr. Christian Lantz

Address, 1137 Hanover St

Remarks, Balto Md

City

1 8 9 6 0 0 0 0 3 0 3

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 22 of January 1896
4. Place of Birth, (Street and Number) 240 S. Caroline St
5. Full Name of Mother, Lena Meyers
6. Mother's Maiden Name, Klavanskie
7. Mother's Birthplace, Russia Konene State
8. Full Name of Father, Chaim Meyers
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia Konene State

Name of Medical Attendant, or other person who makes this Return, H. Fender M. D.

Address, 143 N. Front St

Remarks,

8 9 6 0 0 0 0 3 0 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eight.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan. 23
4. Place of Birth, (Street and Number)	235 Madeira Alley
5. Full Name of Mother,	Mary Fox
6. Mother's Maiden Name,	Mary Whales
7. Mother's Birthplace,	Balto.
8. Full Name of Father,	Patrick Fox
9. Father's Occupation	Laborer
10. Father's Birthplace,	England
Name of Medical Attendant, or other person who makes this Return,	Mary A. Partner
Address,	241 S. Chester st.
Remarks,	

1896 00000305

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 71478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, January 23, 1896.
4. Place of Birth, (Street and Number) 1529 N. Gilmor St.
5. Full Name of Mother, Elizabeth Anders.
6. Mother's Maiden Name, Elizabeth Kuhl.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Elsworth Anders.
9. Father's Occupation, Brick-layer.
10. Father's Birthplace, Frederick Co.

Name of Medical Attendant, or other person who makes this Return, C. G. Keefer, M.D.

Address, 1329 N. Gilmor St.

Remarks,

8960000306

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

71479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Williams Habert Fourth
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* White Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Thursday Jan 23 96
4. *Place of Birth, (Street and Number)* 122 N Green St
5. *Full Name of Mother,* Wilhelmina Habert
6. *Mother's Maiden Name,* " Wiechmann
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Jacob Habert
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return — Jno C Hemmeter M.D

Address, 1734 Linden Ave

Remarks, GIVEN NAME ADDED. 6-1-53 K.M

8V5000000307

any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

T & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 7/4 80

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 23 of January 1880
4. Place of Birth, (Street and Number) 217 N. Front St
5. Full Name of Mother, Rose Meehan
6. Mother's Maiden Name, — Cane
7. Mother's Birthplace, Washington
8. Full Name of Father, James Meehan
9. Father's Occupation, Printer
10. Father's Birthplace, Baltimore Co. Ireland U. S. A.

Name of Medical Attendant, or other person who makes this Return, H. Flinder M. D.

Address, 143 N. Front St

Remarks, 1880000309

been conferred. The fee shall be paid by the applicant at the time application is made for the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	F
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	Jan 23 1896
4. *Place of Birth, (Street and Number)*	Whitmore Heights
5. *Full Name of Mother,*	Agnes DuVal
6. *Mother's Maiden Name,*	Jay
7. *Mother's Birthplace,*	Harford Co. Md
8. *Full Name of Father,*	E. B. DuVal
9. *Father's Occupation*	Insurance Broker
10. *Father's Birthplace,*	Md
Name of Medical Attendant, or other person who makes this Return,	R. Winslow
Address,	1700 N. Boyle Terrace
Remarks,	

1896 00000309

Wm. J. C. Dulany Co., City Printers and Stationers.

...its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Female Child
2. Race or Color, (if not of the white race) Colored Child
3. Date of Birth, June 23 1878
4. Place of Birth, (Street and Number) Parish alley
5. Full Name of Mother, Annie Williams age 22
6. Mother's Maiden Name, Annie Henson
7. Mother's Birthplace, Anne Arundel Co Md
8. Full Name of Father, Father Williams age 26
9. Father's Occupation, Common Labor
10. Father's Birthplace, Prince George Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs Carrie Reid

Address, 417 Parish alley

Remarks,

18960000310

Wm. J. C. Dulany Co., City Printers and Stationers.

Been collected in his sex, color, &c., and such information in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Dead child

1. Sex, (state whether male or female) Female Child
2. Race or Color, (if not of the white race) Colored Child
3. Date of Birth, Jan 23 1870
4. Place of Birth, (Street and Number) 1702 Caira St. Balto. Md.
5. Full Name of Mother, Sophia Harris age 23.
6. Mother's Maiden Name, Sophia Jones
7. Mother's Birthplace, Chesterfield Co. Va.
8. Full Name of Father, John Harris age 26.
9. Father's Occupation, Sailor
10. Father's Birthplace, Chesterfield Co. Va.

Name of Medical Attendant, or other person who makes this Return, Mrs Annie Reid

Address, 417 Patrick st.

Remarks, Dead

1870 0000311

Wm J. C. Dulany Co., City Printers and Stationers.

Every child born within the City of Baltimore shall be registered, and the first and last name and the occupation of the parents, if known, of such child, and the date of birth, and whether such child is the first, second, third or other child born of the mother, and whether born alive or dead, and the sex, color, the full name and the occupation of the parents, if known, of such child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	23 d January 1896
4. *Place of Birth, (Street and Number)*	1713 Hollins St
5. *Full Name of Mother,*	Mary Smith
6. *Mother's Maiden Name,*	Mary Gearin
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	James Smith
9. *Father's Occupation*	Ingener
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Susan Thurston
Address,	231 W Pappleton 80
Remarks,	1896000312

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71485

CERTIFICATE CORRECTED 3-11-55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Viola Marie Wolfel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born Jany 23rd 1896
4. Place of Birth, (Street and Number)	# 344 S. Fulton St
5. Full Name of Mother,	Mrs. Mary Christine Wolfel
6. Mother's Maiden Name,	Miss Dietrich
7. Mother's Birthplace,	Wertenberg, Germany
8. Full Name of Father,	Anton Wolfel
9. Father's Occupation	Pipe Fitter
10. Father's Birthplace,	Wertenberg Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Hiller
Address,	# 2008 N. Henry St
Remarks,	

1896000003173

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 23. 1896.

4. Place of Birth, (Street and Number) 215 S. Grune st.

5. Full Name of Mother, Elizabeth Adomaitis

6. Mother's Maiden Name, Elizabeth Lenczka

7. Mother's Birthplace, Russia

8. Full Name of Father, Kasimir Adomaitis

9. Father's Occupation Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Johannah L. Zehnis, M. S.

Address, 1928½ W. Pratt Street Baltimore

Remarks,

8966000314

Wm. J. C. Dulany Co., City Printers and Stationers

The parents, the date and place of birth; and the occupation of its parents, the date and place of birth; and the full name and occupation in the form of a certificate between the first and been conferred) its sex, color, the full name and occupation in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of Health. In case no other person be in said schedule shall be delivered to the office of the Commissioner of Health. In case no other person be in third day of each and every month to the office of the Commissioner of midwifery, or should no other persons of such third day of each and every month of a physician or practioner of the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become and within the period above required, and shall occur without the attendance of a physician or practioner of the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub-attendance upon the mother, immediately thereafter it shall become and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub-jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 23 1896
4. Place of Birth, (Street and Number) 206 S. Eden St.
5. Full Name of Mother, Ida Wolf
6. Mother's Maiden Name, Gorsunk
7. Mother's Birthplace, Russia
8. Full Name of Father, I David Wolf
9. Father's Occupation Cigar makers.
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. G. Feldman

Address, 1013 E. Lombard St

Remarks, 8960000315

Wm. J. C. Dulany Co., City Printers and Stationers.

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 71488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	January 23rd 1896
4. Place of Birth (Street and Number),	911 N. Mulberry St
5. Full Name of Mother,	Charlotte Dreschler
6. Mother's Maiden Name,	Charlott Holzbaur
7. Mother's Birthplace,	Columbus New Jersey
8. Full Name of Father,	John M. H. Dreschler
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	James Bielingslea
Address,	15 West Saratoga St
Remarks,	

and shall set forth as far as the same can be ascertained from the mother, the date and place of birth, and the said schedule ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

1896000031 6

RETURN OF A BIRTH. 71489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 24 Jan 1896
4. *Place of Birth, (Street and Number)* 421 Lewis st
5. *Full Name of Mother,* Mrs Helen Johnson
6. *Mother's Maiden Name,* " " Heaglton
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Albert H. E. Johnson
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, Carline Patterson

Address, 421 Lewis st City

Remarks, Do well is can expect

1896000003 17

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Friday Jan 24th 18
4. *Place of Birth, (Street and Number)*	123 S. Castle St
5. *Full Name of Mother,*	Amelia S. Longhenry
6. *Mother's Maiden Name,*	Amelia S. Liebert
7. *Mother's Birthplace,*	Baltimore M. D.
8. *Full Name of Father,*	George H. Longhenry
9. *Father's Occupation*	carriage trimmer
10. *Father's Birthplace,*	Baltimore M. D.
Name of Medical Attendant, or other person who makes this Return,	Mrs J E Knowles
Address,	2123 Orleans Street
Remarks,	

1896-000318

8 9 6 0 0 0 0 3 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such births. This schedule shall contain a list of the births which have occurred in each district, during the preceding month, and shall set forth as far as the same can be ascertained the full name of each child, the day and place where born, the name and residence of the parents, the date when the birth was registered, and the number under which it has been registered. Every such schedule shall be signed by the person making the return, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Jan. 24th 1895
4. Place of Birth, (Street and Number) #524 Hultzmann's Court.
5. Full Name of Mother, Minnie Hagan
6. Mother's Maiden Name, Minnie Shinnerld.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Thomas Hagan.
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. #611 S. Patterson Pk. Ave. Mrs. Mary M Taylor

Address,

Remarks, 1896000319 ~~1896000317~~

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of the parents, and such other particulars as may be required in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 24th/96.
4. *Place of Birth, (Street and Number)* 302 Park Ave. Balto.
5. *Full Name of Mother,* Annie L. Scheve
6. *Mother's Maiden Name,* Annie L. Heim.
7. *Mother's Birthplace,* Bavaria, Germany.
8. *Full Name of Father,* Frank B. Scheve.
9. *Father's Occupation* Cigar Maker.
10. *Father's Birthplace,* Baltimore. Md.

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 22 N. Poppleton St.

Remarks, 1896000320

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5. Child.
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Jany 24th 1896
4. *Place of Birth, (Street and Number)*	# 1800 Hollins St
5. *Full Name of Mother,*	Mrs. Martha Beier
6. *Mother's Maiden Name,*	Miss. " Werner
7. *Mother's Birthplace,*	Hessen, Germany
8. *Full Name of Father,*	John Beier
9. *Father's Occupation,*	Brewer
10. *Father's Birthplace,*	Hessen Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. Miller
Address,	# 2008 Mc. Henry St
Remarks,	1896000321

1896000317

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth which shall hereafter occur within the limits of Baltimore City shall be reported to the Commissioner of Health, within ten days after the same shall have occurred, by the physician or midwife in attendance upon the mother, and in case there shall be no physician or midwife in attendance, then by the householder of the house in which the birth shall occur, within ten days after the same shall have occurred; and in case any birth shall occur elsewhere than in a house, then by the person with whom the mother shall reside, within ten days after the same shall have occurred. The report shall be made in writing, and shall state the name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 1494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, 24 January 1896
4. Place of Birth, (Street and Number) 326 Fait ave
5. Full Name of Mother, Mrs. Mary C. Douglass
6. Mother's Maiden Name, Mary C Corbin
7. Mother's Birthplace, USA
8. Full Name of Father, James P. Douglass
9. Father's Occupation, Bricklayer
10. Father's Birthplace, USA.

Name of Medical Attendant, or other person who makes this Return. B. F. Leonard MD

Address, 125 Jackson Square

Remarks, 1896000003917 ~~1896000003917~~

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...been conferred; its sex, color, the full name and occupation of its parents, the date and place of their marriage, if the first and been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 24th
4. Place of Birth, (Street and Number) Baltimore 135 West Clement st
5. Full Name of Mother, Miss Lilly Miller
6. Mother's Maiden Name, Miss Lilly Buckman
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Chas H Miller
9. Father's Occupation Dealer in Coal & Wood
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Miss Langer

Address, 711 N. Eden st.

Remarks, 1896 0000323

1896 0000317

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 71496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 24th 1896
4. Place of Birth, (Street and Number) 1718 Canton Ave
5. Full Name of Mother, Clara Brandt
6. Mother's Maiden Name, Clara Meyers
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Brandt
9. Father's Occupation Bar Keeper
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1726 Eastern Ave Balto Md

Remarks, 1896000324

1896000003171

Wm. J. C. Dulany Co., City Printers and Stationers.

The full name and occupation of its parents, the date and place of birth, and the number (if any) conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* January 24 1896
4. *Place of Birth, (Street and Number)* 1607 Saratoga St.
5. *Full Name of Mother,* Carrie Mottgue
6. *Mother's Maiden Name,* Carrie Butler
7. *Mother's Birthplace,* Stuart County
8. *Full Name of Father,* Charles Mottgue
9. *Father's Occupation* Laboring
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1896000000325

8960000003317

Rule: Particulars to be set forth as far as the same can be ascertained the full name of each child, if it has been named, and shall set forth its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, if it has been named, and the been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 24th 1896
4. Place of Birth, (Street and Number) 1329 Scott St.
5. Full Name of Mother, Barbara Ludwig
6. Mother's Maiden Name, Barbara Koralzig
7. Mother's Birthplace, Darmid Germany
8. Full Name of Father, Franz Ludwig
9. Father's Occupation Tower
10. Father's Birthplace, Hessen Germany

Name of Medical Attendant, or other person who makes this Return, Wm Boyle

Address, 111 N Eutaw St.

Remarks, 1896000326

1896000317

been conferred) its sex, color, the full name and occupation of its parents, and the time and place of birth, and shall report the same in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	the 25 of January 96.
4. *Place of Birth, (Street and Number)*	1742 Gilmor 1166
5. *Full Name of Mother,*	Annie Lindefield.
6. *Mother's Maiden Name,*	Annie Fitz.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Jno Lindefield
9. *Father's Occupation*	Undertaker.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr. Louisa Jones
Address,	1057 Hanover Ave
Remarks,	Balto Md City
	1896000327
	~~1896000317~~

Wm. J. C. Dulany Co., City Printers and Stationers.

...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 25th 1896
4. Place of Birth, (Street and Number) 2206 E. Bank St. Baltimore
5. Full Name of Mother, Fannie Webb
6. Mother's Maiden Name, " Defer
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Marion Webb
9. Father's Occupation Manager
10. Father's Birthplace, Cecil Co. Md

Name of Medical Attendant, or other person who makes this Return, Dr. A Davenport

Address, 2124 E. Pratt.

Remarks, Mrs Webb is very ill with Kidney Trouble, Medical attendant Dr. Da Shields

8960000317

1896000328

Wm. J. C. Dulany Co., City Printers and Stationers.

The month, and shall set forth as the same and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, January 30
4. Place of Birth, (Street and Number) 136 South Exeter st
5. Full Name of Mother, Sarah Freed
6. Mother's Maiden Name, Sarah Freed
7. Mother's Birthplace, Port-ville
8. Full Name of Father, Harris Freed
9. Father's Occupation, Slipper maker
10. Father's Birthplace, Port-ville

Name of Medical Attendant, or other person who makes this Return, Yetta Klawansky

Address, 1022 E Lombard st

Remarks, 1896000329

1896000317

Wm J. C. Dulany Co., City Printers and Stationers.

...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 25th 1896.
4. Place of Birth, (Street and Number) 1338 Fremont Ave.
5. Full Name of Mother, Fannie Ellen Brown
6. Mother's Maiden Name, Fannie E. Chandler
7. Mother's Birthplace, Dunnsville Essex Co. Va.
8. Full Name of Father, George Edward Brown
9. Father's Occupation Waiter.
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return, Mary J. Fossett

Address, 563 N. Dolphin St.

Remarks, 1896000330

8960000003317

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 71503

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (~~state whether~~ male ~~or female~~)*
2. *Race or Color, (~~if not of the~~ white ~~race~~)*
3. *Date of Birth,* 25 January 1896.
4. *Place of Birth, (Street and Number)* 1229 N. Central Ave
5. *Full Name of Mother,* Mrs. Amelia L. Schmidt.
6. *Mother's Maiden Name,* Amelia L. Conrad
7. *Mother's Birthplace,* USA
8. *Full Name of Father,* John L. Schmidt.
9. *Father's Occupation,* Merchant Tailor
10. *Father's Birthplace,* USA.

Name of Medical Attendant, or other person who makes this Return. Dr. Leonard MD.

Address, 125 Jackson Ave

Remarks, 1896 00000331 ~~0000003117~~

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, the name of the attending physician or midwife, and such other information as may be required by the Commissioner of Health. In case of the birth of any child for which a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 71505

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 26th 96
4. Place of Birth, (Street and Number) 1600 East Ave.
5. Full Name of Mother, Emilie Victor
6. Mother's Maiden Name, Emilie Walstrum
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry. Leopold Victor
9. Father's Occupation, ~~Gentleman~~ Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Dr Joseph Hunggaler

Address, 1634 E. East Ave

Remarks, 1896 0 0 0 0 3 3 2

~~1896 0 0 0 0 3 1 7~~

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

The [illegible] of its parents, the date and place of birth, and the [illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-12-50

RETURN OF A BIRTH. 71506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Alfred H. Powell

1. Sex, (state whether male or ~~female~~) White
2. Race or Color, (if not of the white race)
3. Date of Birth, January 26 — 96
4. Place of Birth, (Street and Number) 309 W Randolph
5. Full Name of Mother, Eulebia Powell
6. Mother's Maiden Name, Rohrer
7. Mother's Birthplace, Roanoke Va
8. Full Name of Father, L. L. Powell
9. Father's Occupation, Agrm R. Estate Loan &
10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return, Dr Ft Arnold MD

Address, 805 - Park - ave

Remarks, 1896 0000333
8960000317

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 26th 1896
4. Place of Birth, (Street and Number) 221 4 Fayette Street
5. Full Name of Mother, Katharine Herder
6. Mother's Maiden Name, Langer
7. Mother's Birthplace, Pattsburg Pa.
8. Full Name of Father, Emil Herder
9. Father's Occupation House Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Hannah Knowles

Address, 2103 Orleans Street

Remarks, 1896000 0334

~~8760000317~~

Wm. J. C. Dulany Co., City Printers and Stationers.

Said Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

7608

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Florence Cenetta Black.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth (5th)

1. *Sex* (state whether ~~male or~~ female) Female
2. *Race or Color* (if not of the white race) White
3. *Date of Birth* 11 a.m. 27th January, 1896.
4. *Place of Birth* (Street and Number) 1913 Druid Hill Av - Balt. Md.
5. *Full Name of Mother* Cenetta V. Black
6. *Mother's Maiden Name* Cenetta Hoy
7. *Mother's Birthplace* Baltimore, Md.
8. *Full Name of Father* Harry Lawson Black
9. *Father's Occupation* Plumber & Gasfitter - Gas Fitters & C
10. *Father's Birthplace* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Wm. J. Trott M.D.

Address 1530 Linden Ave

Remarks Baltimore

1896000335 Md

8960000317

at the birth of any child, within the City of Baltimore, shall report to the Registrar aforesaid, ... thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 71509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 24th 1896
4. *Place of Birth, (Street and Number)* No 1139 Pinckney St
5. *Full Name of Mother,* Mary Lottie Warnken
6. *Mother's Maiden Name,* " Berlinghoff
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Ferdinand Warnken
9. *Father's Occupation* Cigar Packer
10. *Father's Birthplace,* Bremen Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bangs

Address, 711 W. Conway St.

Remarks,

1896000036

~~8960000317~~

Wm. J. C. Dulany Co., City Printers and Stationers.

Mother, father or other person giving information of birth, shall state the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71510

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 27
4. Place of Birth, (Street and Number) 1108 E. Preston
5. Full Name of Mother, Minnie Rawbokowitz
6. Mother's Maiden Name, Minnie Rawbokowitz
7. Mother's Birthplace, Saxony
8. Full Name of Father, Moses Rawbokowitz
9. Father's Occupation, Peddler
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Jetta Klawansky

Address, 1022 E. Lombard st

Remarks, 1896000337

1896000003317

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, and the number of children born to the mother, including the child, between the first and the present birth, and the date of a certificate in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Jan 27 '96
4. *Place of Birth, (Street and Number)*	2010 E Biddle
5. *Full Name of Mother,*	Addie L Richardson
6. *Mother's Maiden Name,*	" Edwards
7. *Mother's Birthplace,*	Penna
8. *Full Name of Father,*	Chas A Richardson
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return.	Wm J. Watson
Address,	1519 N. Broadway
Remarks,	1896000338

1896000003 17

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71512

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1.
1. *Sex, (state whether male or female)*	Boy.
2. *Race or Color, (if not of the white race)*	white.
3. *Date of Birth,*	25. January.
4. *Place of Birth, (Street and Number)*	N. 104. Wolfe. Street.
5. *Full Name of Mother,*	Laura Gierich.
6. *Mother's Maiden Name,*	Laura Schulz.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Bernhard Gierich.
9. *Father's Occupation*	Tailor.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return,	Mary E. Foss.
Address,	N. E. C. Wolfe. Street.
Remarks,	1896000039
	~~1896000317~~

Rule 8. The name of the child shall be entered as the same can be ascertained from the parents, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71513

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 2nd of January 96
4. Place of Birth, (Street and Number) 1405 Eden St.
5. Full Name of Mother, Mary Gundlach
6. Mother's Maiden Name, Mary Burggraf
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Gundlach
9. Father's Occupation Waterbaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Christina Lauer

Address, 1057 Eutaw Ave Balto Md

Remarks, City.

1896000003 40
1896000003 17

Wm. J. C. Dulany Co., City Printers and Stationers.

...been Commenced, his sex, color, the full name and the occupation of the parents, to be given in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 27 96
4. *Place of Birth, (Street and Number)*	Balto City 411 Stockholm st
5. *Full Name of Mother,*	Ellen C. Mitchell
6. *Mother's Maiden Name,*	Ellen Caldon
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	John Mitchell
9. *Father's Occupation*	Molster
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs Mangle
Address,	711 Cross st
Remarks,	18960000341
	~~8960000317~~

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 71515

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, 27th January 1896.
4. Place of Birth, (Street and Number) 164 E. Eutaw St.
5. Full Name of Mother, Kate Parowek
6. Mother's Maiden Name, " Vanecek
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Jos. J. Parowek
9. Father's Occupation, Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Kate Parowek.

Address, 164 E. Eutaw St.

Remarks,

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1896000342

month, and shall set forth as far as the same can be ascertained, the date and place of birth, and the name, if any, which has been conferred, its sex, color, the full name and occupation of its parents, the date and place of their marriage, and the number of children born to the mother, and now living, including the child last born, and the number of children born to the mother which are not living, and the number of children born dead after seven months of pregnancy, and the number of children born dead before seven months of pregnancy, which facts shall be entered in the said schedule by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 71576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 27th 1896.
4. *Place of Birth, (Street and Number)* 139 Camden St.
5. *Full Name of Mother,* Bessie Sacks
6. *Mother's Maiden Name,* Bessie Stein
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Sam Sacks
9. *Father's Occupation,* Merchant Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, M. Rubinstein M.D.

Address, 105 W. Barre St.

Remarks, 1896000 0343

~~1896000 0317~~

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71518

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* January 6th 1896

4. *Place of Birth, (Street and Number)* 209 E. Lee St.

5. *Full Name of Mother,* Blanche Leisinger

6. *Mother's Maiden Name,* Blanche Conklin

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Leisinger

9. *Father's Occupation* Oyster

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary E Lingan

Address, 2209 E Lee St

Remarks, E City

1896 00004 44

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 71547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Five

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Tuesday Jan 28
4. Place of Birth, (Street and Number) 721 E. 6th St
5. Full Name of Mother, Katie - Knapp
6. Mother's Maiden Name, Katie Foster
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Benjamin Franklin Knapp
9. Father's Occupation Steam Fitter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Wm Bange

Address, 714 E. Fayette

Remarks, 18960000345

18960000317

been conferred) its sex, color, the full name and occupation of the parents, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/518

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 28 1896
4. Place of Birth, (Street and Number) 415 S Aiken st
5. Full Name of Mother, Mary R White
6. Mother's Maiden Name, Deery
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Wilber White
9. Father's Occupation Waterman
10. Father's Birthplace, Somerset co Md

Name of Medical Attendant, or other person who makes this Return, M A Donovan

Address, 2024 E Pratt st

Remarks, doing Well

1896000 0346

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month, and shall set forth as the case may be, the full name and occupation of its parents, the date and place of birth, and the name conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71519

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 28, 1896
4. Place of Birth, (Street and Number) 35 N Front St
5. Full Name of Mother, Arbella Hanley
6. Mother's Maiden Name, " Starvis
7. Mother's Birthplace, Russia
8. Full Name of Father, Joe Hanley
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs G. Feldman

Address, 1013 E. Lombard St

Remarks, 18960000347

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, 3d, &c.) -6-

1. Sex, (state whether male or ~~female~~) male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, January 29th 1896 - at 20 minutes of 7 o'clock
4. Place of Birth, (Street and Number) 818 Mc Donogh Street
5. Full Name of Mother, Annie Jones
6. Mother's Maiden Name, — — wilson
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, Luis C. Jones
9. Father's Occupation, Hod carrior
10. Father's Birthplace, Baltimore city Md

Name of Medical Attendant, or other person who makes this Return. Josephine Cooper

Address, 821 Shuter Street

Remarks, Mother and child well

Baltimore Md

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8 9 6 0 0 0 0 3 4 8

been conferred) its sex, color, the full name and occupation of the ... the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 71524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Louise Blum

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29th Janr. 1896
4. Place of Birth, (Street and Number) Henrietta St.
5. Full Name of Mother, Kate Blum
6. Mother's Maiden Name, Kate Feldman
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Blum
9. Father's Occupation Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Mrs Dorsey

Address, 711 N. Grove st.

Remarks, GIVEN NAME ADDED 1-26-57 h.m

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1896000003349

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred) its sex, color, the full name and occupation of its parents, etc. A certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 77525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 30
4. Place of Birth, (Street and Number) 116 Bagshot Space
5. Full Name of Mother, Hannah Pimper
6. Mother's Maiden Name, Hannah Pimper
7. Mother's Birthplace, Denmark
8. Full Name of Father, Mat Pimper
9. Father's Occupation, Agent
10. Father's Birthplace, Denmark

Name of Medical Attendant, or other person who makes this Return, Otto Klausenberg

Address, 912 E. Lombard St.

Remarks, 1896000350
1896000317

Wm J C. Dulany Co., City Printers and Stationers.

Every birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. nd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11. th. day of January 1896.

4. Place of Birth, (Street and Number) Balto. 909½ Feadenhall st

5. Full Name of Mother, Mrs Minnie L. Dallaway

6. Mother's Maiden Name, Miss Minnie L Schellhase

7. Mother's Birthplace, 844 Feadenhall st Balto

8. Full Name of Father, Charlie T. Dallaway

9. Father's Occupation Labor

10. Father's Birthplace, Easton Talbot Co. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Gauge

Address, 711 W. Conway

Remarks, 1896000351

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Wm. J. C. Dulany Co., City Printers and Stationers

71527

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, January 13th 1896
4. Place of Birth (Street and Number), 1070 West Fayett St
5. Full Name of Mother, Jennie Reich
6. Mother's Maiden Name, Jennie Georgius
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Harry Reich
9. Father's Occupation, Paper Hanger
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. James Billingslea

Address, 15 West Saratoga St

Remarks, 18960000352

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[illegible] ferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 71528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 17 th 1896
4. Place of Birth, (Street and Number) 1164 Monticello Ave
5. Full Name of Mother, Olga Amanda Otto
6. Mother's Maiden Name, Olga Amanda Augusta Horn
7. Mother's Birthplace, Germany
8. Full Name of Father, Richard Henry Otto
9. Father's Occupation Printer Baker
10. Father's Birthplace, Carroll County Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Barge

Address, 711 N. Caroline St

Remarks, 1896.0000353

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Feb 15 January 15 1896

4. Place of Birth, (Street and Number) 1127 E Lee St

5. Full Name of Mother, Mary Ford

6. Mother's Maiden Name, Mary Crist

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Ford

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr Christian Sauer

Address, 1057 Linford Ave

Remarks, Balto City

1896000354

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, D. January 19. 1896
4. Place of Birth, (Street and Number) 1221 Madison Avenue Baltimore
5. Full Name of Mother, Mary Helena Admiral Sinclair
6. Mother's Maiden Name, " " Gilbert
7. Mother's Birthplace, Hazlehurst Copiah County, Miss.
8. Full Name of Father, Hugh Sinclair.
9. Father's Occupation Colonel U. S. A.
10. Father's Birthplace, Boston, Mass.

Name of Medical Attendant, or other person who makes this Return, Flora A. Brewster M. D.

Address, 1221 Madison Avenue. Baltimore Md

Remarks,

1896000003 55

~~1896000003 17~~

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 20th 1896
4. Place of Birth, (Street and Number) 1733 Canton Ave
5. Full Name of Mother, Sarah Scharman
6. Mother's Maiden Name, Sarah Eden
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William Scharman
9. Father's Occupation Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1716 Eastern Ave Balto Md

Remarks, 1896000356

8960000317

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail

RETURN OF A BIRTH. 71532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 21
4. Place of Birth, (Street and Number) 217 Aliceanna St.
5. Full Name of Mother, Etta Schaubaum
6. Mother's Maiden Name, Katie Schaubaum
7. Mother's Birthplace, Posen
8. Full Name of Father, Salomon Schaubaum
9. Father's Occupation, Peddler
10. Father's Birthplace, Posen

Name of Medical Attendant, or other person who makes this Return, Etta Klawansky

Address, 1128 E. Lombard St

Remarks,

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate [illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d,	2
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	21 January 1922
4. *Place of Birth, (Street and Number)*	1 Wilkins
5. *Full Name of Mother,*	Mary Schultis
6. *Mother's Maiden Name,*	Mary Heil
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Jorge Schultis
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	New York City
Name of Medical Attendant, or other person who makes this Return.	Mrs Bange
Address,	7/11 Bond St.
Remarks,	

1896000358

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Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 22
4. Place of Birth, (Street and Number) 135 Spring St.
5. Full Name of Mother, Gisael Milstein
6. Mother's Maiden Name, Gisael Milstein
7. Mother's Birthplace, Cominitz
8. Full Name of Father, Isaac Milstein
9. Father's Occupation, Tailor
10. Father's Birthplace, Cominitz

Name of Medical Attendant, or other person who makes this Return, Jetter Delaurenty

Address, 702 E. Fairmount Ave

Remarks, 1896 0000359

~~1896 0000317~~

Wm. J. C. Dulany Co., City Printers and Stationers.

been completed to the satisfaction of the Registrar, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 22nd 1896
4. Place of Birth, (Street and Number) 256 S. Chapel Street
5. Full Name of Mother, Jennie Ensid
6. Mother's Maiden Name, Jennie Lee
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, William Ensid
9. Father's Occupation Laboring
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eva Short

Address, 1726 Eastern Ave Baltimore Md.

Remarks, 1896 0000 360

8960000003 17

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

7536

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)	8
1. Sex (state whether Male or ~~Female~~)	Male
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 4th 1896
4. Place of Birth (Street and Number)	#10 N. Amity St
5. Full Name of Mother	Mary A. Lewis.
6. Mother's Maiden Name	Mary Ashcom
7. Mother's Birthplace	Baltimore.
8. Full Name of Father	Thos Lewis.
9 Father's Occupation	Pilot.
10. Father's Birthplace	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	J. Th. Cochrill M.D.
Address	1866 E. Baltimore St City
Remarks	1896000036 ~~8960000317~~

dvise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 71537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Henry Peter Dyba

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mas Kinder 3.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Geboren 7 January 196.
4. Place of Birth, (Street and Number) 419 Caroline Str.
5. Full Name of Mother, Mary Dybinska (Juras)
6. Mother's Maiden Name, Son Dyba
7. Mother's Birthplace, Poland
8. Full Name of Father, Paul Dyba.
9. Father's Occupation Rozland.
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Agnes Stodolna

Address, Thames Str No 1635

Remarks, 1896 0006362

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Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as to its the same can be ascertained of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Vier Kinder 4.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Geboren 14 January 96
4. Place of Birth, (Street and Number) Shakspear Str. No 1623
5. Full Name of Mother, Wiktorja Matolepsza
6. Mother's Maiden Name, Von Godek
7. Mother's Birthplace, Poland Russian
8. Full Name of Father, Jan Godek
9. Father's Occupation Farmland
10. Father's Birthplace, Poland.

Name of Medical Attendant, or other person who makes this Return, Agnes Hodolena

Address, Thames str. No 1635

Remarks, S

1896000363

8960000003317

month, and shall set forth as the same can be ascertained of its parents, the date and place of birth; and the name, sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Als Zwölfter 3.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Geboren 14 January 96
4. *Place of Birth, (Street and Number)* Aloisiana Str. 12 1915
5. *Full Name of Mother,* Ludwika Krusinska
6. *Mother's Maiden Name,* Medken Janicka
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Frank Janicki
9. *Father's Occupation* Farland
10. *Father's Birthplace,* Poland.

Name of Medical Attendant, or other person who makes this Return, Agnes Hadelna

Address, Thames St 12 1635

Remarks, 1896 00036

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month, and shall set forth as to it as the same can be ascertained of its parents, the date and place of birth: and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71540

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 14 1896
4. Place of Birth, (Street and Number) 921 Palmer St
5. Full Name of Mother, Clara Jones
6. Mother's Maiden Name, Clara Shay
7. Mother's Birthplace, Balto
8. Full Name of Father, Phillip Jones
9. Father's Occupation Labor
10. Father's Birthplace, Baltor

Name of Medical Attendant, or other person who makes this Return, Mary E Swayne

Address, 824 Canton St.

Remarks, 1896000365
6960000317

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 71541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 17, 1896
4. *Place of Birth, (Street and Number)* 122 Gannon St.
5. *Full Name of Mother,* Carrie Lentz
6. *Mother's Maiden Name,* Carrie Engelhard.
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Lentz
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mary A Swayne

Address, 824 Gaulon St

Remarks.

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~~0760000003167~~

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as the same can be ascertained from the parents, the date and place of birth; and the name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male Child 6.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Born 15 January 1896
4. Place of Birth, (Street and Number) Thames st 10 1632
5. Full Name of Mother, Franciska Chr
6. Mother's Maiden Name, Son Chmielski
7. Mother's Birthplace, Poland Prussian
8. Full Name of Father, Jakob Chmielski
9. Father's Occupation Dealer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Agnes Modelon

Address, Thames st. N 1635

Remarks, Se gut.

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18960000367

month, and shall set forth as far as practicable the full name and occupation of its parents, the date and place of birth, and the name (if it has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Was Fünfter 5.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Geboren January 18/96
4. Place of Birth, (Street and Number) Thames St Corner 1614.
5. Full Name of Mother, Katarzyna Krajewska.
6. Mother's Maiden Name, Von Nowak.
7. Mother's Birthplace, Poland Russian
8. Full Name of Father, Josef Nowak
9. Father's Occupation Farmer
10. Father's Birthplace, Poland.

Name of Medical Attendant, or other person who makes this Return, Agnes Stadelman

Address, Thames St. cor 1635

Remarks, Single.

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Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, the number of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71544

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Was Rivd 3.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Geboren 20 January 96
4. *Place of Birth, (Street and Number)* Lagester str Nr 1617
5. *Full Name of Mother,* Mary Businka
6. *Mother's Maiden Name,* Medhen Bernacikotka.
7. *Mother's Birthplace,* Poland ostri Galin
8. *Full Name of Father,* Franto Bernacikotki
9. *Father's Occupation* Ostri Galicyja.
10. *Father's Birthplace,* Poland.

Name of Medical Attendant, or other person who makes this Return, Agnes Hadolsan

Address, Rames str Nr 1635

Remarks, Lenox

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71545

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 20 1896
4. Place of Birth, (Street and Number) 904 Lawley St
5. Full Name of Mother, Florence Erdman
6. Mother's Maiden Name, Florence Adkisen
7. Mother's Birthplace, Balto
8. Full Name of Father, Frederick Erdman
9. Father's Occupation Labor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 824 Lanton St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers

1896000370

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71546

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ano Rinder 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Geboren 23 January 96
4. Place of Birth, (Street and Number) Broadway 1 Pre 716
5. Full Name of Mother, Katarzyna Stopka
6. Mother's Maiden Name, Son Stachorki
7. Mother's Birthplace, Poland Dziemen
8. Full Name of Father, Jan Stachowski
9. Father's Occupation Farland
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Agnes Hadelus

Address, Thames Str. Pre 1435

Remarks, Boy

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1896000037 1

been conferred its sex, color, the full name and occupation of its parents, the number of children to which the mother has given birth, the number of children now living, and the number dead, and the certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mrs Rinten 3.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Geboren 24 January 96
4. Place of Birth, (Street and Number) Thames str. nr 1628
5. Full Name of Mother, Tofila Schreider
6. Mother's Maiden Name, Medhen Lipsowska
7. Mother's Birthplace, Poland Prussia
8. Full Name of Father, Stanislaw Lipsowski
9. Father's Occupation Farmland
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Agnes Skolnar

Address, Thames str nr 1635

Remarks,

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Wm. J. C. Dulany Co., City Printers and Stationers.

18960000372

been conferred) its sex, color, the full name and occupation of its parents, and the first and last name of the child, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

/

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 24 1896
4. Place of Birth, (Street and Number) 907 Patuxent St.
5. Full Name of Mother, Ellen Sands
6. Mother's Maiden Name, Ellen Dilley.
7. Mother's Birthplace, Balto
8. Full Name of Father, John Sands
9. Father's Occupation Labor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Twayne

Address 824 Canton St

Remarks,

1896000373

1896000317

Wm. J. C. Dulany Co., City Printers and Stationers.

71549

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 25.
4. Place of Birth, (Street and Number) 317 Ringgold St
5. Full Name of Mother, Louise Flock
6. Mother's Maiden Name, Louise Scheeler
7. Mother's Birthplace, Balto
8. Full Name of Father, John Charles Flock
9. Father's Occupation, Schoemaker
10. Father's Birthplace, Annapolis Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Seebath

Address, 935 W. Pratt St.

Remarks,

1896 0000 374

~~8 9 5 0 0 0 0 3 1 7~~

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Month, and shall state as to the same and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 71550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 24, 1896
4. Place of Birth, (Street and Number) 904 Patuxent St
5. Full Name of Mother, Mary Cruse
6. Mother's Maiden Name, Mary Sykes
7. Mother's Birthplace, Balto
8. Full Name of Father, John Cruse
9. Father's Occupation Labor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Dorsey, MD

Address, 824 Canton Ave

Remarks,

~~0 0 0 0 0 0 3 1 7~~

189600000375

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 27. 1896
4. Place of Birth, (Street and Number) Maryland Lane
5. Full Name of Mother, Margt Taylor
6. Mother's Maiden Name, Margt Holmes
7. Mother's Birthplace, Va
8. Full Name of Father, Buck Taylor
9. Father's Occupation Laborer
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Burton E Bailey

Address, No 8 Talbot St Waverly Balto

Remarks, Well

~~0 0 0 0 0 0 3 1 7~~

1896 00003376

(Printed by J. C. Dulany Co., City Printers and Stationers.)

(This certificate is required by the Act of Assembly, approved April 8th, 1874, to be filled out by the attendant upon the birth, and the name, color, the full name and occupation of its parents, the date and place of birth, and the fact of the birth having been conferred, its sex, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner or practioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.)

RETURN OF A BIRTH. 71553

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 17. (9.15 A. M.).
4. Place of Birth, (Street and Number) 116. S. Calhounstreet
5. Full Name of Mother, Sarah, Elisabeth Liebno.
6. Mother's Maiden Name, Kuchuck,
7. Mother's Birthplace, Ridgeland Township - Marion Co. Ohio.
8. Full Name of Father, Robert, Christian, Carl Liebno.
9. Father's Occupation Carpenter.
10. Father's Birthplace, Heppville Balto. Co.

Name of Medical Attendant, or other person who makes this Return, Mr. M. Kamm,

632. N. Fremont Ave.

Address,

Remarks, 18960000377

~~18960000317~~

...(or conferred) its sex, color, the full name and occupation of its parents, ... between the first and ... been conferred, duly signed by the practitioner in the form of a certificate ... of any child said schedule shall be delivered ... to the office of the Commissioner of Health. In case the birth of ... be in third day of each and every month ... of midwifery, or should no other person ... of such shall occur without the attendance of a physician or practioner ... the duty of the person or parents ... attendance upon the mother, immediately thereafter it shall become the duty of the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the ... shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

7/554

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	January 2nd 1896
4. *Place of Birth (Street and Number)*	719 N High St
5. *Full Name of Mother*	Carrie Gebhart Goldman
6. *Mother's Maiden Name*	
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Charles Gebhart
9. *Father's Occupation*	Barber
10. *Father's Birthplace*	Russia
Name of Medical Attendant, or other Person who makes this return	Lewis J Bell MD
Address	3140 N Eutaw St
Remarks	1896000378 ~~8960000317~~

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Physician, midwife or other person having charge of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 7355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jany 1 1896
4. *Place of Birth, (Street and Number)* 713 Pearl st
5. *Full Name of Mother,* Sylvia Scott
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return J. McF. Dick

Address, 622 N. Lombard St

Remarks,

1896000000379

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71556

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 2 1896
4. Place of Birth, (Street and Number) 617 W. Lombard St
5. Full Name of Mother, Maggie Downs
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. McG. Hack

Address, 617 W. Lombard St

Remarks,

(illegible) 3 1 1

1896000386

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 2 1896
4. Place of Birth, (Street and Number) 622 W. Lombard St
5. Full Name of Mother, Harriet Smith
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return W. R. Bruin

Address, 622 W. Lombard St

Remarks,

~~B 1 0 0 0 0 0 3 1 7~~ 1896 0 0 0 0 3 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

If any child born in Baltimore City shall not have been registered, the parent, or parents, or guardian, or other person having the control of such child, shall, within ten days after the birth of such child, report to the Commissioner of Health the facts required to be registered, and in default thereof shall be liable to a penalty of ten dollars for each offence. The Commissioner of Health shall cause to be registered the name, sex, color, the full name and occupation of its parents, the [illegible] between the first and [illegible] conferred) its sex, color, the full name and occupation of its parents, the [illegible] between the first and been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail

RETURN OF A BIRTH. 71558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 3 1896
4. Place of Birth, (Street and Number) 718 W. West St
5. Full Name of Mother, Ellen Wilson.
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant or other person who makes this Return, M R Bruin

Address, 617 N. Lombard St

Remarks, 18960000382

0760000517

month, and shall state the sex, color, the full name and occupation of its parents, the date and place of birth, and the number conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 5 1896
4. Place of Birth, (Street and Number) 521 King St
5. Full Name of Mother, Carrie Deal
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. McF. Dick

Address, 612 W. Lombard St

Remarks,

18960000383

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jany 15 1896
4. Place of Birth, (Street and Number) 15 3½ Shields alley
5. Full Name of Mother, Florence Johnson
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, M. R. Bruin

Address, 67 N. Lombard St.

Remarks, 8960000384

~~8960000317~~

Any person, white or colored, having a child born, shall, within ten days after the birth, report to the Registrar of Vital Statistics the name, sex, color, the full name and occupation of its parents, the date and place of birth, and the number of such child, if born alive, and if such child has been delivered by a physician or midwife, the name of such physician or midwife, and if no physician or midwife has been employed, then the name of the householder or owner of the premises where the birth occurred, and if the birth occurred in a hospital, then the name of the hospital, and the first and last name of the mother before marriage, if she has been married, and if not, then such information as may be required by the Commissioner of Health to establish the identity of the child, and whether the child is living at the time of making such report, and if living, the place where it is living, and if dead, the place where it is buried, and the name of the undertaker who has been employed. The report of the birth of any child born alive shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 5 1896
4. Place of Birth, (Street and Number) 744 Vincent Av
5. Full Name of Mother, Martha Johnson
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return. J. McF. Dick M.D.

Address, 617 W. Lombard

Remarks, 8960000385

~~8960000317~~

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as to the same each as the name and occupation of its parents, the date and place of birth, and the full name and occupation of the practitioner in the form of a certificate between the first and been conferred, its sex, color, the said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person he in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other parents of such attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person who shall hereafter fail to comply with the provisions and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and

RETURN OF A BIRTH. 71562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This Schedule shall contain a true and full statement of the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jany 7 1896
4. *Place of Birth, (Street and Number)* 622 W. Lombard St.
5. *Full Name of Mother,* Georgeana Myers
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. McF. Dick

Address, 622 W. Lombard St

Remarks, 8960000386

[redacted]

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 8 1896

4. Place of Birth, (Street and Number) 308 Collins Court

5. Full Name of Mother, Lizzie Kelly

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, M. R. Bruin

Address, 644 W. Lombard St.

Remarks, 8 4 6 0 0 0 0 3 8 7

~~8 4 6 0 0 0 0 3 8 7~~

Wm. J. C. Dulany Co., City Printers and Stationers.

The Father, Mother, Physician, Midwife, Householder, Undertaker, Sexton, Clergyman, or other person having knowledge of the facts, shall report to the Registrar of Vital Statistics, Board of Health, Baltimore City, the birth of any child born in said City, within ten days after such birth, stating the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as the case may be, whether the child is the first, second, third, or other child born of the mother, and shall state the sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of the parent in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 9 1896
4. Place of Birth, (Street and Number) 433 S. Monroe St
5. Full Name of Mother, Mary Emma Hall
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. McF. Dick M.D.

Address, 611 W. Lombard St.

Remarks, 8 9 6 0 0 0 0 3 8 8

month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the full name and occupation of its parents, the date and place of their marriage, and the number of children born to the mother, including the child last born, and the number of children of the mother now living. The certificate of birth shall be made in the form of a certificate between the first and been conferred; its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71565

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as the same shall appear the date and place of birth; and the name, if any, and surname as the same shall be determined by the occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 10 1896
4. *Place of Birth, (Street and Number)* 622 W. Lombard St.
5. *Full Name of Mother,* Lizzie Sneller
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M. R. Bruin

Address, 622 W. Lombard St

Remarks, 8960000389

~~8960000317~~

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Milton D. Scott

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Jany 11 1896
4. Place of Birth, (Street and Number) 619 Cider alley
5. Full Name of Mother, Ida Williams
6. Mother's Maiden Name, Ida Williams
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Benjamin H. Scott
9. Father's Occupation Day laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, M. R. Bruis

Address, 677 W. Lombard St.

Remarks, 8960000390

~~8960000317~~

Wm. J. C. Dulany Co., City Printers and Stationers.

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 17 1896
4. Place of Birth, (Street and Number) 114 W. Winter St
5. Full Name of Mother, Henrietta Moore
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,
Name of Medical Attendant, or other person who makes this Return, M. A. Bruin
Address, 611 W. Lombard St.
Remarks, 8960000391

~~8960000317~~

Wm. C. Dulany Co., City Printers and Stationers.

and shall set forth as far as the same can be ascertained the full name, sex, color, date of birth; and the mouth, and shall set forth as far as the same can be ascertained, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71568

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 13 1896
4. *Place of Birth, (Street and Number)* 121 York St
5. *Full Name of Mother,* Elza Cadr
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M. R. Bruin

Address, 617 W. Lombard St.

Remarks,

8960000392

~~8960000317~~

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as possible the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany 13 1896
4. *Place of Birth, (Street and Number)* 677 N. Lombard St.
5. *Full Name of Mother,* Emma Brewer
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. McF. Dick

Address, 677 N. Lombard St

Remarks, 8960000393

8960000317

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 15 1896
4. *Place of Birth, (Street and Number)* 514 Wellcome alley
5. *Full Name of Mother,* Lizzie Daily
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. McC. F. Dick

Address, 622 W. Lombard St.

Remarks, 8960000394

~~8960000317~~

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 14
4. *Place of Birth, (Street and Number)* 14 N. Hughes St
5. *Full Name of Mother,* Annie Christian
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return Mat J. Lucas

Address, 609 N. Lombard St

Remarks,

8960000395

Wm. J. C. Dulany Co., City Printers and Stationers.

...the date and place of birth; and the ...certificate between the first and ...of its parents, the ...ner in the form of a ...In case the birth of any child ...missioner of Health. ...person be in ...ner of midwifery, or ...should no other ...parents of such ...the duty of the ...person or parents required, and ...period above required, and ...shall become the ...within the ...section shall be ...manner and ...visions of this ...section shall be ...with the ...hereafter fail to comply ...covered as other ...fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the date and place of birth; and the ...been conferred) its sex, color, the full name and occupation of its parents, the ...said schedule shall be delivered, duly signed by the ...third day of each ...shall occur without the ...attendance upon the ...child to report its ...any such person or ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 14 1896
4. Place of Birth, (Street and Number) 622 N. Lombard St.
5. Full Name of Mother, Lizzie Edwards
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, M. R. Bruin

Address, 622 N. Lombard St.

Remarks,

8960000396

8960003177

Wm. J. C. Dulany Co., City Printers and Stationers.

Health, and shall set forth as far as the same can be ascertained the name of each child born alive, and the sex, color, the full name and occupation of its parents, the date and place of birth; and the name and occupation of the practitioner in attendance upon the birth to the Commissioner of Health. In case the birth of any child has been conferred, duly signed by the office of the Commissioner of Health. In case the birth of any child month, and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the physician or practioner in attendance of a physician or person be in third day of each and every month to the Commissioner of Health, in the manner in the form of a certificate between the first and shall occur without the attendance of a physician or person be in attendance upon birth to the Commissioner of Health, in the manner and the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jany 10 1896
4. Place of Birth, (Street and Number) 677 N. Lombard St.
5. Full Name of Mother, Emma A Davies
6. ~~Mother's Maiden Name~~,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. McC J. Dick

Address, 677 N. Lombard St

Remarks, 8960000397

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name, sex, color, the date and place of birth; and the name, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred), duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jany 18 1896
4. Place of Birth, (Street and Number) 677 N. Lombard St.
5. Full Name of Mother, Ora Brown
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. McF. Dick

Address, 677 N. Lombard St.

Remarks, 8 9 6 U 0 0 0 3 9 8

month, and shall set forth as far as the same can be ascertained the full name, sex, color and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 7th 1896
4. Place of Birth, (Street and Number) 617 Harmony Lane
5. Full Name of Mother, Ella Johnson
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,
Name of Medical Attendant, or other person who makes this return, M. R. Bruja
Address, 602 W. Lombard St
Remarks, 8960000399

~~8960000317~~

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/1876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 7 1876
4. *Place of Birth, (Street and Number)* 827 Aisburg St
5. *Full Name of Mother,* Louisa Russell
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return Dr. D. Fleck

Address, 1 W. Lombard St

Remarks, 8960000400

~~6760000317~~

Health. This Schedule shall contain the (full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Return. The Return of each Birth shall be made within ten days after the same has occurred, and if not made within that time, the person required to make the Return shall be liable to a penalty of five dollars. The Return shall be made on a blank furnished by the Registrar of Vital Statistics, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 23 1896
4. *Place of Birth, (Street and Number)* 627 N. Lombard St
5. *Full Name of Mother,* Lena Taylor
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M.R. Bruin

Address, 627 N. Lombard St.

Remarks, 8960000401

~~8960000317~~

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 23 1896
4. Place of Birth, (Street and Number) 121 Kelbourne Alley
5. Full Name of Mother, Alice Dorsey
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant or other person who makes this Return Mc J. Pack

Address, 602 N Lombard St

Remarks,

8960000402

Health. This Schedule shall contain as far as can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a true [illegible] the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jany 23 — 1896
4. *Place of Birth, (Street and Number)* 761 Sarah Ann St
5. *Full Name of Mother,* Georgeana Washington
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M. R. Bowie

Address, 602 W. Lombard St

Remarks,

8960000403

~~8960000317~~

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This Schedule shall be filled out so that the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same occupation of its parents, the date and place of birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) X

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 24 1896
4. Place of Birth, (Street and Number) 1628 Pierce St.
5. Full Name of Mother, Mary Johnson
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return M. R. Brunn

Address 617 W. Lombard St

Remarks, 8 4 6 0 0 0 0 4 0 4

0 0 0 0 0 0 0 3 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, January 24 1896
4. Place of Birth, (Street and Number) 622 W. Lombard St.
5. Full Name of Mother, Rentie Edwards
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return, J. McF. Dick

Address, 622 W. Lombard St.

Remarks,

8960000405

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, physician or practitioner in midwifery, who shall attend upon any birth, shall, within ten days after such birth, report the same to the Commissioner of Health, in the manner and within the period above required, and shall keep a register of such births. This schedule shall contain a list of the births which have occurred under his charge during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1895=6 RETURN OF A BIRTH. 71141

15 To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, December 19th 1895
4. Place of Birth, (Street and Number) 320 Bruce St.
5. Full Name of Mother, Clemency Lee Uhler Noyes
6. Mother's Maiden Name, Clemency Lee Uhler
7. Mother's Birthplace, Reisterstown, Balto. Co. Md.
8. Full Name of Father, Walter Noyes
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Fulghman B. Marden M.D.

Address, 1204 W. Lexington St.

Remarks. Normal delivery. Healthy child. Mother doing well.

~~8 7 8 0 0 0 0 0 3 1 7~~

1896000004 06

m J. C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH. 7142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d ca

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, December 19th 1895
4. Place of Birth, (Street and Number) 217, E. Montgomery St.
5. Full Name of Mother, Mary Elizabeth Finkeldey,
6. Mother's Maiden Name, " " Leutner,
7. Mother's Birthplace, Balto City
8. Full Name of Father, Edwin H. Finkeldey,
9. Father's Occupation Salesman.
10. Father's Birthplace, Balto city, Md.

Name of Medical Attendant, or other person who makes this Return. R. J. N. Fallon M.D.

Address, 524 Sharp St.

Remarks, Full name of child - Roland Heinrich Finkeldey

1896000707

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71143

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Charles Cornelius Paul

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 19, 1895

4. Place of Birth, (Street and Number) 2308 Guilford Ave

5. Full Name of Mother, Mary A Paul

6. Mother's Maiden Name, Wilson

7. Mother's Birthplace, Md.

8. Full Name of Father, Lucien T Paul

9. Father's Occupation Electrician

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, D F Cronch M D

Address, 1051 Argyle St

Remarks, 8960000408

0000005179

Wm. J. C. Dulany Co., City Printers and Stationers.

...without the attendance of a physician or practitioner in the form of a certificate between the first and ...child to report its birth to the Commissioner of Health. In case the birth of any child ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 25th 1895
4. *Place of Birth, (Street and Number)* 101 N. Exeter st.
5. *Full Name of Mother,* Ida Denzensky
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Sam Denzensky
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

1896 0 0 0 0 4 0 9

~~8 9 6 0 0 0 0 3 1 7~~

Wm. J. C. Dulany Co., City Printers and Stationers.

Attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 25 1895.
4. Place of Birth, (Street and Number) 1618 N. Wolfe st.
5. Full Name of Mother, Emma V. Maguire
6. Mother's Maiden Name, E. M. Phillips
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, John F. Maguire
9. Father's Occupation Fireman
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return Charles H. A. Meyer M. D.

Address, 1019 N. Caroline st.

Remarks, 8960000410

~~8960000317~~

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 20. 95.
4. Place of Birth, (Street and Number) #1635 N. Dukeland St.
5. Full Name of Mother, Clara Francis Albrecht
6. Mother's Maiden Name, " " Riegel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George F. Albrecht
9. Father's Occupation Collector
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo. Gaither.

Address, 810 N. Broadway

Remarks, 8960000411

~~8960000317~~

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 91147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3-d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 28 1895
4. Place of Birth, (Street and Number) 69 Cedar avenue City
5. Full Name of Mother, Wenonah Beck
6. Mother's Maiden Name, Wain
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John F Beck
9. Father's Occupation Conductor St Car
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A Martin

Address, 2804 Cedar avenue

Remarks, 8960000412

[redacted]

Wm. J. C. Dulany Co., City Printers and Stationers.

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 29th 95.
4. *Place of Birth, (Street and Number)*	1417 E. Lanvale st.
5. *Full Name of Mother,*	Allie Harvey
6. *Mother's Maiden Name,*	Sallie Collison
7. *Mother's Birthplace,*	Denton Md.
8. *Full Name of Father,*	Arlander Harvey
9. *Father's Occupation*	Plasterer
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	Charles H. A. Meyer M. D.
Address,	1019 N. Caroline st.
Remarks,	8960000413

~~8960000417~~

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec. 29th 95
4. Place of Birth, (Street and Number) 16 S. Edelen st.
5. Full Name of Mother, Ida Simon
6. Mother's Maiden Name, Bernstadt
7. Mother's Birthplace, Europe
8. Full Name of Father, Joe Simon
9. Father's Occupation Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Edelen st.

Remarks,

8960000414

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 71150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	December 29th 95.
4. *Place of Birth, (Street and Number)*	2112 Mayanna st.
5. *Full Name of Mother,*	Anna Schmiede
6. *Mother's Maiden Name,*	Anna Robl
7. *Mother's Birthplace,*	Austria
8. *Full Name of Father,*	Aloi's Schmiede
9. *Father's Occupation*	Cabinet-Maker
10. *Father's Birthplace,*	Austria
Name of Medical Attendant, or other person who makes this Return,	Charles H. A. Meyer M. D.
Address,	1019 N. Caroline st.
Remarks,	8960000415

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec. 31st 1895
4. *Place of Birth, (Street and Number)* 109 Woods Court
5. *Full Name of Mother,* Lena Knoch
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Country
8. *Full Name of Father,* Frederick Knoch
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Caton St.

Remarks, 8960000416

[redacted]

...C. Dulany Co., City Printers and Stationers.

...ance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 30th 95.
4. Place of Birth, (Street and Number) 418 S. Payson ste.
5. Full Name of Mother, Auguste A. Muth
6. Mother's Maiden Name, Auguste A. Phillip
7. Mother's Birthplace, Germany
8. Full Name of Father, Gilles Muth
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Gilles H A Meyer M.D.

Address, 1019 N. Caroline ste.

Remarks,

8960000417

[redacted]

Wm. J. C. Dulany Co., City Printers and Stationers.

Every Birth to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec: 30th 1895
4. Place of Birth, (Street and Number) 113 Market Space
5. Full Name of Mother, Henrietta Brown
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Joe Brown
9. Father's Occupation Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks, 8960000418

[redacted]

Wm. J. C. Dulany Co., City Printers and Stationers.

The attendance of a physician or practicioner of midwifery, at the birth of any child is required, and it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

In case the birth of any child should occur in the absence of a certificate between the first and the Commissioner of Health. In case the birth of any child should occur in the absence of a physician or practicioner of midwifery, at the birth of any child is required, and it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/154

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Colord

3. Date of Birth, 1 decem Ber 1895

4. Place of Birth, (Street and Number) Parris allie 1464

5. Full Name of Mother, Gurtrud Kelson

6. Mother's Maiden Name, Gurtrude Neal

7. Mother's Birthplace, W.d river anerundel Co

8. Full Name of Father, M C Kelson

9. Father's Occupation Peter

10. Father's Birthplace, Calvet Co

Name of Medical Attendant, or other person who makes this Return Mr. Mariner Jones

Address, 1334 N Chat Cat st Baltimore

Remarks,

8960000419

Wm. C. Dulany Co., City Printers and Stationers.

[redacted]

attendance without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED, 9-23-64

RETURN OF A BIRTH. 71155

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

CHARLES LERIAN HAMILTON

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 — 3rd Child
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	1st December 1895
4. Place of Birth, (Street and Number)	Baltimore - 1612 Pennsylvania
5. Full Name of Mother,	Eliza Hamilton
6. Mother's Maiden Name,	Eliza Smith
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Taylor Hamilton
9. Father's Occupation	Plasterer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Sholtree
Address,	Mrs M. J. Sholtree Comberland st
Remarks,	731

1896000004 20

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. ~~Sex, (state whether male or female)~~
2. ~~Race or Color, (if not of the white race)~~ Colored
3. Date of Birth, December 2, 1895
4. Place of Birth, (Street and Number) 865 Byrd St
5. Full Name of Mother, Martha Hord
6. Mother's Maiden Name, Martha Jones
7. Mother's Birthplace, Md
8. Full Name of Father, James Hord
9. Father's Occupation, Laborer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Louis Eaton M.D.

Address, 410 W. Hoffman St.

Remarks,

8960000421

Wm J. C. Dulany Co., City Printers and Stationers.

[redacted]

...child to report its birth to the Commissioner of Health. In case the birth of any child ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 5, 1895
4. Place of Birth, (Street and Number) 120 S. Exeter St
5. Full Name of Mother, Sarah S. Shoeman
6. Mother's Maiden Name, S. Michelson
7. Mother's Birthplace, Russia
8. Full Name of Father, Abraham Shoeman
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finburg

Address, 27 Lloyd St

Remarks,

8960000422

[redacted]

Wm. C. Dulany Co., City Printers and Stationers.

2

...without the attendance of a physician or practitioner of midwifery, and the place of birth; and the attendance upon the mother, immediately thereafter. In case the birth of any child child to report its birth to the Commissioner of Health, it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 10 1895
4. Place of Birth, (Street and Number) 828 E Pratt St
5. Full Name of Mother, Mary Bloomantal
6. Mother's Maiden Name, Mary Freedlander
7. Mother's Birthplace, Russia
8. Full Name of Father, Elisby Bloomantal
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finsberg

Address, 27 Lloyd St.

Remarks,

8 9 6 U 0 0 0 4 2 3

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, December, 13, 1895
4. Place of Birth, (Street and Number) 535 Druid St.
5. Full Name of Mother, Sebenia Mason
6. Mother's Maiden Name, Sebenia Garrison
7. Mother's Birthplace, Md.
8. Full Name of Father, Alonzo Mason
9. Father's Occupation, Waiter
10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return, Louise Eaton M. D.

Address, 410 N. Hoffman St.

Remarks, 8960000424

[redacted]

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec. 16. 1895
4. Place of Birth, (Street and Number) Orchard St.
5. Full Name of Mother, Eufonia Chapman
6. Mother's Maiden Name, Eufonia Hackett
7. Mother's Birthplace, Md.
8. Full Name of Father, William Chapman
9. Father's Occupation, Barber
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Louise Eaton, M.D.

Address, 410 N. Hoffman St.

Remarks,

8960000425

8 7 0 0 0 0 0 7 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

...child to report its birth to the Commissioner of Health. In case the birth of any child ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/1161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the first

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 16, 95.

4. Place of Birth, (Street and Number) # 729 Hill St

5. Full Name of Mother, Rena Hulse

6. Mother's Maiden Name, Rena Hilson

7. Mother's Birthplace, Berks County, Pa.

8. Full Name of Father, Oscar Hulse

9. Father's Occupation Dyer

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Dr. K. Easley

Address, 213 E. Heath St.

Remarks, Living Well

8960000426

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71162

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, December 20th 1895
4. Place of Birth, (Street and Number) 1109 Binney st.
5. Full Name of Mother, Ellen Langwood
6. Mother's Maiden Name, Ellen Lonbella
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles D Langwood
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs D Liersmann

Address, 1208 Hare st.

Remarks, 8 9 6 0 0 0 0 4 2 7

8 9 6 0 0 0 0 7 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

...and the Commissioner of Health. In case the birth of any child ...person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 2nd Dec 1895

4. Place of Birth, (Street and Number) 5 E. Heath St

5. Full Name of Mother, Elizabeth Barker

6. Mother's Maiden Name, Schultz

7. Mother's Birthplace, Balto

8. Full Name of Father, Gustav Barker

9. Father's Occupation, Farmers Worker

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Geo. O. E. Brooks

Address, 1828 Big L- St

Remarks,

8960000004280

8960000071 7

Wm. C. Dulany Co., City Printers and Stationers.

...occur without the attendance of a physician or practitioner in the form of a certificate between the first and ... child to report its birth to the Commissioner of Health, immediately thereafter it shall become the duty of the person or parents of such ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 1164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th,

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec, 20, 1895
4. Place of Birth, (Street and Number) 2229 Pennsylvania Ave
5. Full Name of Mother, Mrs. Mary Vocke
6. Mother's Maiden Name, Nagel
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. George J. Vocke
9. Father's Occupation, Leather Merchant
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Wm. E. Miller M.D.

Address, 2239 Pennsylvania Ave.

Remarks, 8960000429

[redacted]

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 3-7-58.

RETURN OF A BIRTH. 71165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 20 1875
4. Place of Birth, (Street and Number) 517 S. Ann St.
5. Full Name of Mother, Annie M. Faitz
6. Mother's Maiden Name, Huff
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Peter H. Faitz
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Flynn

Address, 427 E. Pratt St.

Remarks, 8960000430

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) W
3. Date of Birth, Dec 20th 1895
4. Place of Birth, (Street and Number) 1111 Patapsco
5. Full Name of Mother, Susanah Simmons
6. Mother's Maiden Name, Susanah Lambert
7. Mother's Birthplace, Newfoundland N F
8. Full Name of Father, James Simmons
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Anna Kulcak Midwife

Address,

Remarks, 8960000431

Wm. J. C. Dulany Co., City Printers and Stationers.

...the office of the Commissioner of Health. In case the birth of any child ...without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7167

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Male,
2. Race or Color (if not of the white race)	White,
3. Date of Birth	Dec 20th 1895
4. Place of Birth (Street and Number)	721 Hopkins Ave
5. Full Name of Mother	Jennie A. Satterfield,
6. Mother's Maiden Name	Jennie A. Ashley,
7. Mother's Birthplace	Washington City
8. Full Name of Father	John Fredk Satterfield
9. Father's Occupation	Car Conductor
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Chas. B. Layton MD
Address	920 N Broadway
Remarks	

8960000432

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 7168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 20 1895
4. Place of Birth, (Street and Number) 658 Hanover ave
5. Full Name of Mother, Annie Dunmore
6. Mother's Maiden Name, Bowers
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Dunmore
9. Father's Occupation Laborer
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return,

Address, Martha O G Krieg

Remarks, 645 Hanover 8 1 6 0 0 0 0 4 3 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 20/95
4. Place of Birth, (Street and Number) 304 N. Holliday Str.
5. Full Name of Mother, Cathie Hitchins
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mrs. Lipsenhofer

Address, 2225 Gough Str.

Remarks, (Single) 8960000434

[illegible]

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 7170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Pregnancy

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 24 1895
4. Place of Birth, (Street and Number) 907 N. Howard st. City
5. Full Name of Mother, Festo Vaudri Miranda
6. Mother's Maiden Name, Festo Vaudri
7. Mother's Birthplace, Italy
8. Full Name of Father, Alfthonse Miranda
9. Father's Occupation Fruit Dealer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, J. W. Keown A.B. M.D

Address, Md Genl Hospital, Linden Ave.

Remarks, 8960000435

[redacted]

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 1- 1895
4. *Place of Birth, (Street and Number)* 2415 McCulloh St.
5. *Full Name of Mother,* Annie Patrick
6. *Mother's Maiden Name,* Hilman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* C. J. Patrick
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Wm E. Morley M.D.

Address, 614 N. Howard St.

Remarks,

18960000436

[redacted]

& Co., City Printers and Stationers.

...without the attendance of a Physician or practitioner of midwifery, or should no other person ...in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to ...report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person ...or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars ...for each offence to be recovered as other fines and forfeitures are recoverable.

Overlooked

RETURN OF A BIRTH. 7172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 46 N. Mt Royal Ave
4. Place of Birth, (Street and Number) Dec 4 1895
5. Full Name of Mother, Martha S. Hoffman
6. Mother's Maiden Name, Martha Elliot
7. Mother's Birthplace, Maryland
8. Full Name of Father, Harry L. Hoffman
9. Father's Occupation Engraver
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, J Hanson Hull MD

Address, 817 N Eutaw pl

Remarks, 8960000437

[redacted]

Wm. J. C. Dulany Co., City Printers and Stationers.

...ce of a physician or practioner of midwifery, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

11173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 9. 1895
4. *Place of Birth, (Street and Number)*	750 N. Eutaw St.
5. *Full Name of Mother,*	Margaret M. Smith
6. *Mother's Maiden Name,*	Mosley
7. *Mother's Birthplace,*	Massachusetts
8. *Full Name of Father,*	Wm Jay Smith
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Wm E. Mosley M. D.
Address,	614 N. Howard St.
Remarks,	

8960000004388

& Co., City Printers and Stationers.

8960000003477

report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED, 1-10-55

RETURN OF A BIRTH. 7174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edward Aden Johnson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 9th 95
4. *Place of Birth, (Street and Number)*	818 Varnum
5. *Full Name of Mother,*	Belle Johnston
6. *Mother's Maiden Name,*	Belle Aden
7. *Mother's Birthplace,*	Howard Co. Md
8. *Full Name of Father,*	E. B. Johnston
9. *Father's Occupation*	Stone Mason
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	J. Blum
Address,	W. Fayette st
Remarks,	

8960000439

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible]

RETURN OF A BIRTH 7175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 1/2

1. Sex, (state whether male or female) Male,
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec 17, 1895
4. Place of Birth, (Street and Number) 200 Biddle Alley
5. Full Name of Mother, Victoria Lyon
6. Mother's Maiden Name, Victoria Purnell
7. Mother's Birthplace, Md
8. Full Name of Father, George Lyon
9. Father's Occupation, Peddler
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Louise Cotony, M.D.

Address, 410 W. Hoffman St.

Remarks, 8960000440

8960000371

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 7176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec. 28/95
4. Place of Birth, (Street and Number) 1 W. Franklin St.
5. Full Name of Mother, Grace Revere Osler
6. Mother's Maiden Name, Grace Revere
7. Mother's Birthplace, Boston, Mass.
8. Full Name of Father, William Osler
9. Father's Occupation, Physician
10. Father's Birthplace, Ontario, Canada.

Name of Medical Attendant, or other person who makes this Return. Howard A. Kelly

Address, 1406 Eutaw Place

Remarks,

8960000441

~~8960000517~~

attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

H. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 7177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec. 29, 1896
4. Place of Birth, (Street and Number) 535 Monroe Alley
5. Full Name of Mother, Elizabeth Cook
6. Mother's Maiden Name, Elizabeth Cook.
7. Mother's Birthplace, Md.
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Louis Edlow M. D.

Address, 410 W. Hoffman St.

Remarks,

8960000442

8960007177

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 71178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 cut
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 27/95
4. *Place of Birth, (Street and Number)*	132 N. Pratt
5. *Full Name of Mother,*	Ida Vockroth
6. *Mother's Maiden Name,*	Ida Wundrlich
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Geo. J. Vockroth
9. *Father's Occupation*	Restaurant
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Joseph Blum
Address,	6 N. Howard St.
Remarks,	

8960000443

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 29 Dec 1895
4. Place of Birth, (Street and Number) 512 Gold St
5. Full Name of Mother, Emma L Moore
6. Mother's Maiden Name, Emma Anderson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel Moore
9. Father's Occupation, Coachman
10. Father's Birthplace, Prince George

Name of Medical Attendant, or other person who makes this Return, Hester Coltance

Address, 507 Preston St

Remarks, 8960000444

~~8960000317~~

Wm J C. Dulany Co., City Printers and Stationers.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 27 Dec 1893
4. *Place of Birth, (Street and Number)* 2137 Denison St
5. *Full Name of Mother,* Martha [illegible]
6. *Mother's Maiden Name,* Martha Gore
7. *Mother's Birthplace,* Lancaster Virginia
8. *Full Name of Father,* Mainer Page
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Green County

Name of Medical Attendant, or other person who makes this Return, Hester Colaire

Address, 509 Preston St

Remarks,

1896 0 0 0 0 4 4 5

~~1896 0 0 0 0 3 1 7~~

Wm J C. Dulany Co., City Printers and Stationers.

... a physician or practitioner of midwifery, or should no other person be in ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over

RETURN OF A BIRTH. 7187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	Male — Franklin W. Sutton
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. —
4. *Place of Birth, (Street and Number)*	1426 Druid Hill Ave.
5. *Full Name of Mother,*	Elizabeth Sutton
6. *Mother's Maiden Name,*	" Dobler
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Jno. R. Sutton
9. *Father's Occupation*	Merchant
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return,	Wm. B. Peden Death & Certificate
Address,	817 Harlem Ave
Remarks,	8960000446
	8960000317

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7182

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 938 L. Dec. 8. 95
4. Place of Birth, (Street and Number) 938 L. Pine St
5. Full Name of Mother, Mary Jefferson
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Va.
8. Full Name of Father, John Walters
9. Father's Occupation, Laborer
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Louis Eaton, M. D.

Address, 410 W. Hoffman St

Remarks, 8960000447

8960000317

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71183

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 Dec 1895
4. *Place of Birth, (Street and Number)* 42 Albemarle St
5. *Full Name of Mother,* Sara Cora Levitzky
6. *Mother's Maiden Name,* Friedman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Michel Levitzky
9. *Father's Occupation* Dairy
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E Silverman

Address, 42 Albemarle St

Remarks,

18960000448

0760000317

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 12/45
4. Place of Birth, (Street and Number) 142 S Linden Ave
5. Full Name of Mother, Ingrid Winchester
6. Mother's Maiden Name, Ingrid Jackson
7. Mother's Birthplace, Louisiana
8. Full Name of Father, Harold Winchester
9. Father's Occupation, Bank Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. J. Whitridge Williams

Address, 345 Park Ave.

Remarks, 8 9 6 0 0 0 0 4 4 9

1 0 0 0 0 0 3 1 7

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 13 1895
4. Place of Birth, (Street and Number) 623 N. Lombard St.
5. Full Name of Mother, Fannie Feuerstein
6. Mother's Maiden Name, Levenstein
7. Mother's Birthplace, Russia
8. Full Name of Father, Abe Feuerstein
9. Father's Occupation, Cap manufacturer
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Schuerman

Address, 72 Albemarle St.

Remarks,

8960000450

8960000317

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec 13th 1895
4. Place of Birth, (Street and Number) 519 Lanvale St
5. Full Name of Mother, Estelle Jones
6. Mother's Maiden Name, Estelle Cooke
7. Mother's Birthplace, Calvert County
8. Full Name of Father, Louis Jones
9. Father's Occupation, Porter
10. Father's Birthplace, Dillick City

Name of Medical Attendant, or other person who makes this Return, Hester Colona

Address, 509 Preston St

Remarks,

89'60'0004511

Wm J. C. Dulany Co., City Printers and Stationers.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 13th 1896
4. Place of Birth, (Street and Number) 1106 Clifton Place Balto.
5. Full Name of Mother, Mrs William T. Munnikhuysen
6. Mother's Maiden Name, Ella Dover
7. Mother's Birthplace, Harford County Md
8. Full Name of Father, William T. Munnikhuysen
9. Father's Occupation, Farmer
10. Father's Birthplace, Bel Air Harford Co Md

Name of Medical Attendant, or other person who makes this Return. J. Winthrop Robbins

Address, 45 Park Ave.

Remarks,

8960000452

8960000317

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 71188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* 14 Dec 1895
4. *Place of Birth, (Street and Number)* 127 1/2 Harrison St.
5. *Full Name of Mother,* Gittel Shtrick
6. *Mother's Maiden Name,* Reftesky
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Bordil Shtrnicke
9. *Father's Occupation* Peddler
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E Klugman

Address, 72 Aberdeen St.

Remarks,

8960000453

~~0760000317~~

Wm. J. C. Dulany Co., City Printers and Stationers.

without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15 Dec 1896
4. Place of Birth, (Street and Number) 941 Desa Avenue
5. Full Name of Mother, Fanny Nyerberg
6. Mother's Maiden Name, Silber
7. Mother's Birthplace, Russia
8. Full Name of Father, Henry Nyerberg
9. Father's Occupation Shoemaker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, L. Klugman

Address, 42 Lombard St

Remarks,

1896 0000454

Wm. J. C. Dulany Co., City Printers and Stationers.

...occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 16th
4. Place of Birth, (Street and Number) 1519 Retreat St
5. Full Name of Mother, Agnes Fitzmaurice
6. Mother's Maiden Name, Agnes Kelley
7. Mother's Birthplace, Ireland
8. Full Name of Father, Walter Fitzmaurice
9. Father's Occupation Labour
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs C. Faulstich

Address, 2859 N. Fulton Avenue

Remarks, 8 9 6 0 0 0 0 4 5 5

[redacted]

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of the case to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 December 1895
4. Place of Birth, (Street and Number) 43 Hall St.
5. Full Name of Mother, Celia Segel
6. Mother's Maiden Name, Arnowitz
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Segel
9. Father's Occupation Wrestling Entertainer
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Thompson

Address, 42 Allendale St

Remarks,

1 8 9 6 0 0 0 0 4 5 6

0 7 6 0 0 0 0 7 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and every month to the office of the Commissioner of Health. In case the birth of any child shall have attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 18-96 1896
4. Place of Birth, (Street and Number) 1218 Barclay st Waverly
5. Full Name of Mother, Mary E. Benzinger
6. Mother's Maiden Name, " " McKenna
7. Mother's Birthplace, Baltimore
8. Full Name of Father, J. Gesler Benzinger
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R G Rankin M D

Address, 811 Jefferson Ave Waverly

Remarks, City

8960000457

Wm. J. C. Dulany Co., City Printers and Stationers.

[redacted]

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and every month to the office of the Commissioner of Health. In case the birth of any child the date and place of birth; and the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 18th — 95
4. Place of Birth, (Street and Number) 612 Jefferson Ave Waverly
5. Full Name of Mother, Barbara K Hohman
6. Mother's Maiden Name, " " Litz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry A Hohman
9. Father's Occupation Materman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R L Rankin M D

Address, 811 Jefferson Ave Waverly

Remarks, City

8960000458

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/1/94

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 18th 1895
4. Place of Birth, (Street and Number) 900 East Pratt St.
5. Full Name of Mother, Minnie Sheinberg
6. Mother's Maiden Name, Minnie Kurowitz
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Sheinberg
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Fineberg

Address, 27 Lloyd St.

Remarks,

1896000045 9

[redacted]

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 8/20/68

RETURN OF A BIRTH. 71195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: IDA AGNES ~~STONE~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9 Dec 1895
4. Place of Birth, (Street and Number) 20 Albemarle St.
5. Full Name of Mother, Liza Lowe
6. Mother's Maiden Name, Liza Edwards
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Lowe
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, E. Ichenman

Address, 79 Albemarle St

Remarks,

8960000460

[redacted]

Wm. J. C. Dulany Co., City Printers and Stationers

shall occur without the attendance of a physician or practitioner of midwifery. In case the birth of any child any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

RETURN OF A BIRTH.

7119 6½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 Th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Dec: 19th 1895
4. Place of Birth, (Street and Number)	No 116 N. Park Ave
5. Full Name of Mother,	Mary Catherine Lubkardt
6. Mother's Maiden Name,	Mary Catherine Reeder
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Richard Lubkardt
9. Father's Occupation	Boot & Shoemaker
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Wiley Jessup M.D
Address,	400 Cathedral St
Remarks,	

8960000461

8960000461-7

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, 7 Dec 1895
4. Place of Birth, (Street and Number) Pleasant 1807
5. Full Name of Mother, Jackella Serrano
6. Mother's Maiden Name, Fragoneti
7. Mother's Birthplace, Italy
8. Full Name of Father, J Serrano
9. Father's Occupation Laborer
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, E Fehyaard

Address, 72 Altemont 27

Remarks,

8960000462

8960000462

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 Dec 1895
4. Place of Birth, (Street and Number) 912 E. Fayette St.
5. Full Name of Mother, Agatha Fiebler
6. Mother's Maiden Name, Szudowicz
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob Fiebler
9. Father's Occupation Lumber Factory
10. Father's Birthplace, Roumania

Name of Medical Attendant, or other person who makes this Return, E. Scherman

Address, 42 Albemarle St.

Remarks, 8960000463

8960000317

Wm. J. C. Dulany Co., City Printers and Stationers.

(See affadavit over)

RETURN OF A BIRTH. 7198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male Chester Ezekiel Hurwitz
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 24th 1895
4. Place of Birth, (Street and Number) 705 E. Lombard St.
5. Full Name of Mother, Otillie Hurwitz
6. Mother's Maiden Name, Otillie Miller
7. Mother's Birthplace, Russia
8. Full Name of Father, Aaron Hurwitz
9. Father's Occupation Store-keeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finkberg

Address, 27 Lloyd St

Remarks,

1896 0000464

1896 0000517

Wm. J. C. Dulany Co., City Printers and Stationers.

When the baby is born to the office of the Commissioner of Health, in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 71199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex (state whether male or female),	Male
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Dec 21st 95
4. Place of Birth (Street and Number),	120 Old York Road
5. Full Name of Mother,	Margaret Lepner Cook
6. Mother's Maiden Name,	
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Lessner
9. Father's Occupation,	Conductor
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Lt. Monmonier M.D.
Address,	634 Gorsuch Ave.
Remarks,	

8960000465

~~8960000317~~

...e Publishing Co., City Printers and Stationers

...the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 21/95
4. Place of Birth, (Street and Number) 112 S. Castle Str.
5. Full Name of Mother, Ida Wirth
6. Mother's Maiden Name, " Sauter
7. Mother's Birthplace, Balto.
8. Full Name of Father, Joseph Wirth
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

8960000466

8260000371

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance of a physician or practicioner of midwifery, or should no other person be in the office of the Commissioner of Health. In case the birth of any child child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71201

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec 21 1895
4. Place of Birth, (Street and Number) 537 Linden Ave
5. Full Name of Mother, Jessie Ellen Bussey
6. Mother's Maiden Name, Jessie Ellen Webster
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Jacob Walter Bussey
9. Father's Occupation Shoemaker
10. Father's Birthplace, Augusta Ga

Name of Medical Attendant, or other person who makes this Return, T. N. Vernon M.D.

Address, Maryland. Gen. Hosp.

Remarks,

8960000467

Wm. J. C. Dulany Co., City Printers and Stationers.

...ance of a physician or practioner of midwifery, or should no other person be in ...ance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 1-18-50

RETURN OF A BIRTH. 71202

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Edgar Seymour Kalb.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 21/95
4. Place of Birth, (Street and Number) 1137 Columbia Ave,
5. Full Name of Mother, Elizabeth Kalb
6. Mother's Maiden Name, Seymour
7. Mother's Birthplace, Vera Cruz Mexico
8. Full Name of Father, Wm. Kalb
9. Father's Occupation, Feed Dealer
10. Father's Birthplace, Balto,

Name of Medical Attendant, or other person who makes this Return, H.W. Webner M.D.

Address, 723 W. Lombard St.

Remarks, Delivered with forceps

8 9 6 0 0 0 4 6 8

[redacted]

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7203

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, June 21. (5.10. P. M.
4. Place of Birth, (Street and Number) 577 Dolphin street.
5. Full Name of Mother, Anna, Marie, Elisabeth, Lotz.
6. Mother's Maiden Name, Stengler
7. Mother's Birthplace, Lich near Giessen - Hessen - Germany.
8. Full Name of Father, Johann Lotz,
9. Father's Occupation Baker.
10. Father's Birthplace, Mornshausen a. Salzpeter, Hessen-Darm.

Name of Medical Attendant, or other person who makes this Return, Jno. M. Kanstat - Germany.

Address, 632. N. Fremont Ave.

Remarks,

8960000469

Wm. J. C. Dulany Co., City Printers and Stationers.

[redacted]

Attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/204

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 21/95
4. Place of Birth, (Street and Number) 230 N. Carolina St.
5. Full Name of Mother, Malvina Mack
6. Mother's Maiden Name, Gust
7. Mother's Birthplace, Germany
8. Full Name of Father, Fredc. Mack
9. Father's Occupation Stevendore
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks, 8960000470

8960000317

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 7/205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 21 1895
4. *Place of Birth, (Street and Number)* Wolf st 923
5. *Full Name of Mother,* Mary Benda ~~923~~
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemien
8. *Full Name of Father,* Joseph Benda
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bohemien

Name of Medical Attendant, or other person who makes this Return, Mary Kopitz

Address, N Washington st 205

Remarks,

8960000471

[redacted]

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 21 1895
4. Place of Birth, (Street and Number) Monument at 24 St
5. Full Name of Mother, Mary Gall
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemian
8. Full Name of Father, John Gall
9. Father's Occupation Labor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Kapteb

Address, 21 Washington at 205

Remarks,

8960000472

0000003172

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21st Dec 1895
4. *Place of Birth, (Street and Number)* 116 E Fayette St.
5. *Full Name of Mother,* Lena Izenberg
6. *Mother's Maiden Name,* Jadtsand
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* David Izenberg
9. *Father's Occupation* Cigar-makes
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E Scherman

Address, 72 altemarle St.

Remarks, 8960000473

[redacted]

Wm. J. C. Dulany Co., City Printers and Stationers

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and ... every month to the office of the Commissioner of Health. In case the birth of any child ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9/21 Dec 1895
4. Place of Birth, (Street and Number) 924 Pennsylvania Ave
5. Full Name of Mother, Hetta Gorman
6. Mother's Maiden Name, Gorman
7. Mother's Birthplace, Russia
8. Full Name of Father, Simon Gorman
9. Father's Occupation Dock Laborer
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Fehrmann

Address, 72 Allendale St

Remarks, 8960000474

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 7/209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1/

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 21 of Dec 1895.
4. *Place of Birth, (Street and Number)* 2211 Etting Street
5. *Full Name of Mother,* Maggie Tyler.
6. *Mother's Maiden Name,* Maggie Thomas.
7. *Mother's Birthplace,* Eastern Shore Maryland
8. *Full Name of Father,* John Tyler.
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address, 137 N Whitehead St

Remarks,

8960000475

8960000317

Wm. C. Dulany Co., City Printers and Stationers.

...to the office of the Commissioner of Health on the form of a certificate between the first and ... In case the birth of any child ... should no other person be in ... the duty of the person or parents, of such ... and within the period above required, and ... provisions of this section shall be sub- ... offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 / 2 / 98
4. Place of Birth, (Street and Number) 6 / C Clarence St
5. Full Name of Mother, Josephine Turner
6. Mother's Maiden Name, Jones
7. Mother's Birthplace, Lynchburg Va
8. Full Name of Father, Joseph Turner
9. Father's Occupation Loco Engineer
10. Father's Birthplace, Summerset Co
- Name of Medical Attendant, or other person who makes this Return, Dr. E. A. Brooks
- Address, # 1828 Eight-St
- Remarks, Known Well

8960000476

8960000317

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 Dec 1896
4. *Place of Birth, (Street and Number)* 809 Dec Fremont N.
5. *Full Name of Mother,* Giacinda Tabarrese
6. *Mother's Maiden Name,* Giacinda Riani
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Lawrence Tabarrese
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return E Schumann

Address, 72 Albemarle

Remarks,

8960000477

[redacted]

Wm. J. C. Dulany Co., City Printers and Stationers.

Without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Dec 21st 1895
4. *Place of Birth, (Street and Number)*	530 W Preston St
5. *Full Name of Mother,*	Louisa Kellam
6. *Mother's Maiden Name,*	Louisa Kellam
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	unknown
9. *Father's Occupation*	unknown
10. *Father's Birthplace,*	unknown
Name of Medical Attendant or other person who makes this Return,	F W Brown A.B. M.D.
Address,	Md Genl Hospital.
Remarks,	

8960000478

[redacted]

Wm. J. C. Dulany Co., City Printers and Stationers.

...attendance of a physician or practitioner of midwifery, or should no other person be in ...child to report its birth to the Commissioner of Health, it shall become the duty of the person or parents of such ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	22 d Dec 1895
4. *Place of Birth, (Street and Number)*	1439 Millington St
5. *Full Name of Mother,*	Wilhelmina Meredith Casanave
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Meredith
9. *Father's Occupation*	Barber Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Elizabeth Jewell
Address,	436 E Hunt ave
Remarks,	8960000479 [redacted]

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/214

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) Second

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 22 – 1895
4. Place of Birth, (Street and Number) 923 N. Central ave
5. Full Name of Mother, Katie Trageser
6. Mother's Maiden Name, Katie Krampe
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fred. Trageser
9. Father's Occupation Grocer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Annie E. Godfrey

Address, 837 N. Central ave

Remarks, 8960000480

~~8960000480~~

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/215

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 22nd
4. Place of Birth, (Street and Number) 1640 St Joseph st
5. Full Name of Mother, Leonia Vanhorn
6. Mother's Maiden Name, " Parr
7. Mother's Birthplace, Balto
8. Full Name of Father, G. F Vanhorn
9. Father's Occupation, Canmaker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, 944 N. Bay st

Remarks, 8960000481

[redacted]

Wm J C. Dulany Co., City Printers and Stationers.

Any physician or practitioner of midwifery, or other person who shall attend upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 22/95
4. Place of Birth, (Street and Number) 607 S. Montford Ave.
5. Full Name of Mother, Carolina Bossinger
6. Mother's Maiden Name, " Gronemeier
7. Mother's Birthplace, Germany
8. Full Name of Father, Geo. Bossinger
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address, 2225 Gough St

Remarks, 8 9 6 0 0 0 0 0 4 8 2

8 9 6 0 0 0 0 0 4 8 2

...the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 22-95
4. Place of Birth, (Street and Number) 2802 Penna Av.
5. Full Name of Mother, Annie Reith
6. Mother's Maiden Name, Susie Penner
7. Mother's Birthplace, Balto
8. Full Name of Father, Chas Reith
9. Father's Occupation, Butcher
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Ackle

Address, 2038 Madison Av

Remarks, 8960000483

8960000717

Wm J C. Dulany Co., City Printers and Stationers.

Every birth occurring within this city shall be reported within ten days thereafter to the office of the Commissioner of Health, by the physician or midwife in attendance upon the case, in the form of a certificate between the first and second days aforesaid; and in case there shall be no physician or midwife in attendance upon the mother, the birth of any child must be reported to the office of the Commissioner of Health, by the householder or owner of the premises where the birth occurs, within five days after the birth occurs. And the certificate of birth shall contain the name, if any, given to the child, the sex, color, the parentage of the child, the place and date of birth; and the certificate of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 22/95
4. Place of Birth, (Street and Number) 1 N. Port Str.
5. Full Name of Mother, Magdalina Knolt.
6. Mother's Maiden Name, Batz
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles Knolt
9. Father's Occupation Stevendare
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Dreisenhofer

Address, 2225 Gough Str.

Remarks, 6 7 6 0 0 0 0 4 8 4

...occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) femal.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 December 95
4. Place of Birth, (Street and Number) 1604 Hillman St
5. Full Name of Mother, Tissie Cupper
6. Mother's Maiden Name, Tissie Schimelfy
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Andrew Cupper
9. Father's Occupation, Can Maker
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Josephian Conrad

Address, 1621 Barnes St Balto Md

Remarks,

8960000485

Wm. J. C. Dulany Co., City Printers and Stationers.

...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Children Girl

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 December 1895
4. *Place of Birth, (Street and Number)* Exeter street 256
5. *Full Name of Mother,* Fannie Morewitz
6. *Mother's Maiden Name,* Fannie Schuchowitz
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Isaac Morewitz
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return,

Address, Marie Elias

Remarks, 1625 Hopkins Ave.

8960000486

~~8960003617~~

Wm. J. C. Dulany Co., City Printers and Stationers

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 7221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Dec - 1895
4. *Place of Birth (Street and Number),* 812 N. Stricker
5. *Full Name of Mother,* Martha Necrotte
6. *Mother's Maiden Name,* Martha Moran
7. *Mother's Birthplace,* Balto. Md
8. *Full Name of Father,* Mr. Necrotte
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Montgomery Co. Md

Name of Medical Attendant, or other person who makes this Return. W. D. Thomas M.D.

Address, 611 Carroll Ave

Remarks,

8960000487

...each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...no e Publishing Co., City Prin...

RETURN OF A BIRTH. 71222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 22 / 895
4. Place of Birth, (Street and Number) Chapel st 11
5. Full Name of Mother, Annie Rapp
6. Mother's Maiden Name, Farmer
7. Mother's Birthplace, Davis Rapp
8. Full Name of Father, Gabes
9. Father's Occupation, Farmer
10. Father's Birthplace, Mary Robles

Name of Medical Attendant, or other person who makes this Return. N Washington st 208

Address,

Remarks, 8960000488

8960000517

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Dec. 22d 1895
4. *Place of Birth, (Street and Number)*	513 Falls Road, Hampden
5. *Full Name of Mother,*	Mary Es. Docker
6. *Mother's Maiden Name,*	Mary Es. Gillard
7. *Mother's Birthplace,*	Balt. Co. Md.
8. *Full Name of Father,*	John F. Docker
9. *Father's Occupation,*	R. R. Employee
10. *Father's Birthplace,*	York Co. Pa.
Name of Medical Attendant, or other person who makes this Return.	Geo. T. Shower, M. D.
Address,	421 Roland Ave. Hampden
Remarks,	8960000489
	0160009317

...Co., City Printers and Stationers.

...the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* December 23d 1895
4. *Place of Birth, (Street and Number)* # 8 Andrews ave
5. *Full Name of Mother,* Hattie Hicks
6. *Mother's Maiden Name,* Hattie Taylor
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Edward Hicks
9. *Father's Occupation* Hod Carrier
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Geo. W. Hamill M
Address, 3276 North

Remarks, 8960000490

8960000317

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mary Heilmann 4th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Baltimore City Md. 1896
4. Place of Birth, (Street and Number) 1017 Hollins St.
5. Full Name of Mother, Mary E. Heilmann
6. Mother's Maiden Name, Mary E. Schminger.
7. Mother's Birthplace, Baltimore City Md.
8. Full Name of Father, John N. Heilmann
9. Father's Occupation Printer
10. Father's Birthplace, Baltimore City Md.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 0 7 6 0 0 0 0 4 9 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Said certificate shall be given every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jan 1st 1896
4. *Place of Birth, (Street and Number)* 23 Lloyd st
5. *Full Name of Mother,* Minnie Scheer
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Saml Scheer
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Eden st.

Remarks,

8960000492

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1 Jan 1896
4. Place of Birth, (Street and Number) 1113 Denver st
5. Full Name of Mother, Elizbeth ~~Kissner~~ Jockel
6. Mother's Maiden Name, Elizbeth Kissner
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John D Jockel
9. Father's Occupation Driver
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 4 Cross st

Remarks, 8960000493

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6.
1. *Sex, (state whether male or female)*	Boy.
2. *Race or Color, (if not of the white race)*	white.
3. *Date of Birth,*	1 January.
4. *Place of Birth, (Street and Number)*	N. 2317. Essex. Street.
5. *Full Name of Mother,*	Mary Jamison.
6. *Mother's Maiden Name,*	Mary Krüger.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	William Jamison.
9. *Father's Occupation*	Laborman.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Mary Ross.
Address,	N. 9. Wolfe. Street.
Remarks,	

8960000494

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 71230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 1st 96.
4. *Place of Birth, (Street and Number)* 1116 W. Lexington St.
5. *Full Name of Mother,* Annie January
6. *Mother's Maiden Name,* Annie Lantz
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Geo. H. January
9. *Father's Occupation* Motor maker
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Chee - M.D.

Address, 1703 W. Fayette St

Remarks,

8960000495

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The Third

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Baltimore
4. *Place of Birth, (Street and Number)* # 412 Olive St
5. *Full Name of Mother,* Mary Ellen Miller.
6. *Mother's Maiden Name,* " Weitzel
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Samuel J. Miller
9. *Father's Occupation* Tinner.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, M. R. Gartley

Address, 213 E. Heath St.

Remarks, Doing Well.

8960000496

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and and every month to the office of the Commissioner of Health. In case the birth of any child and place of birth; and the attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1 of January 1896
4. *Place of Birth, (Street and Number)*	2007 Eastland ave
5. *Full Name of Mother,*	Mary Otradovec
6. *Mother's Maiden Name,*	Mary Kasecky
7. *Mother's Birthplace,*	Bohimen
8. *Full Name of Father,*	Jems Otradovec
9. *Father's Occupation*	Musisen
10. *Father's Birthplace,*	Bohimen
Name of Medical Attendant, or other person who makes this Return,	Luise Svatora
Address,	1010 Durham st
Remarks,	

8960000497

Wm. J. C. Dulany Co., City Printers and Stationers.

...without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 of January 1896
4. *Place of Birth, (Street and Number)* 2007 Eslan Ave
5. *Full Name of Mother,* ~~Mary Tenn~~ Mary Otradovetz
6. *Mother's Maiden Name,* Mary Kazecky
7. *Mother's Birthplace,* Bohimen
8. *Full Name of Father,* Jem Otradovetz
9. *Father's Occupation* Musisen
10. *Father's Birthplace,* Bohimen

Name of Medical Attendant, or other person who makes this Return, Luise Svatava

Address, 1010 Durham str

Remarks,

8960000498.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) W White
3. Date of Birth, 1 of January 1896
4. Place of Birth, (Street and Number) 932 Castle str
5. Full Name of Mother, Barbry Wancura
6. Mother's Maiden Name, Barbl Nikl
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Wancura
9. Father's Occupation Shoemaker
10. Father's Birthplace, Bohimen

Name of Medical Attendant, or other person who makes this Return, Luise Svatara

Address, 1010 Durham str

Remarks,

8960000499

Shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/233 1/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1 January 1896
4. Place of Birth, (Street and Number) 932 Castle st
5. Full Name of Mother, Barby Mariana
6. Mother's Maiden Name, Barby Nill
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Mariana
9. Father's Occupation Shoemaker
10. Father's Birthplace, Bohimen

Name of Medical Attendant, or other person who makes this Return, Luise Svatora

Address, 1110 Durham st

Remarks, 8960000500

Wm. J. C. Dulany Co., City Printers and Stationers.

...city of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the fourth

1. *Sex, (state whether male or female)* White Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 1st.
4. *Place of Birth, (Street and Number)* #1539 Light St
5. *Full Name of Mother,* Ada B. McConnell
6. *Mother's Maiden Name,* Ada B. Ware.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph H. McConnell
9. *Father's Occupation* Tinner
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Dr. R. Caskey.

Address, 213. E. Heath St

Remarks, Doing Well.

8960000501

shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71235

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	Colored.
3. *Date of Birth,*	January 1st 1896.
4. *Place of Birth, (Street and Number)*	509 Baker St.
5. *Full Name of Mother,*	Sarah J. Flemmings.
6. *Mother's Maiden Name,*	" " Johnson
7. *Mother's Birthplace,*	Montgomery Co. Md.
8. *Full Name of Father,*	Wm Geo. Flemmings
9. *Father's Occupation*	Assistant Compounder of Whiskey
10. *Father's Birthplace,*	Baltimore City.
Name of Medical Attendant, or other person who makes this Return,	Sarah E Dent
Address,	1617 N. Calhoun St
Remarks,	

8960000502

Wm. J. C. Dulany Co., City Printers and Stationers.

...ster by the practitioner in the form of a certificate between the first and ...ce of midwifery, or should no other person be in ...ner and within the period above required, and ...ply with the provisions of this section shall be sub- ...ffence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 1st 1896.
4. *Place of Birth, (Street and Number)*	1214 McElderry st
5. *Full Name of Mother,*	Eva Miller
6. *Mother's Maiden Name,*	" Epstein
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Abraham Miller
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	J Ridgway André M.D.
Address,	No 1123 E Balto st
Remarks,	8 9 6 0 0 0 0 5 0 3

shall occur without the attendance of a physician or practioner in the form of a certificate between the first and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6.
1. *Sex, (state whether male or female)*	Boy.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	1. January.
4. *Place of Birth, (Street and Number)*	N. 1906. Fairmount Ave. E. V.
5. *Full Name of Mother,*	Anna Maria Müller
6. *Mother's Maiden Name,*	Anna Hirtel
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Jos Müller
9. *Father's Occupation*	Laborer.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return,	Mary Ellis.
Address,	21 S. Wolfe Street,
Remarks,	

8960000504

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 2d 1896
4. Place of Birth, (Street and Number) 725 Ramsey St.
5. Full Name of Mother, Matilda Moore
6. Mother's Maiden Name, Liddam
7. Mother's Birthplace, Brooklyn New York
8. Full Name of Father, Samuel K. Moore
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, H. W. Webner M.D.

Address, 723 N. Lombard St.

Remarks, Natural Labor

8960000505

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, June 2nd 96.
4. Place of Birth, (Street and Number) 668 N Lexington St.
5. Full Name of Mother, Annie D Thompson.
6. Mother's Maiden Name, Annie E Johnson.
7. Mother's Birthplace, England.
8. Full Name of Father, George W H Thompson.
9. Father's Occupation Carpenter.
10. Father's Birthplace, New York N.Y.

Name of Medical Attendant, or other person who makes this Return, John C Kraus M.D.

Address, 662 N Eutaw St

Remarks, 8960000506

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the first

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Jan. 2. 96.

4. Place of Birth, (Street and Number) # 439. Sumall St.

5. Full Name of Mother, Mary. E. McGurk.

6. Mother's Maiden Name, Mary. E. Nightingale

7. Mother's Birthplace, Alexandria. Va.

8. Full Name of Father, Thomas. J. McGurk.

9. Father's Occupation Piano Tuner

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Dr. R. Caskey

Address, 213. E. Heath St

Remarks, Doing Well

8960000507

Every birth must be reported by the practitioner in the form of a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health, the date and place of birth; and the shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

7241

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 2nd 4.30 A.M. 1896
4. *Place of Birth (Street and Number)* 2445 Guyer St
5. *Full Name of Mother* Kate D. Dritz (Kate Domilla Dritz)
6. *Mother's Maiden Name* K. D. Ruthall
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Henry Shier Dritz
9. *Father's Occupation* Ship Joiner
10. *Father's Birthplace* Balto City

Name of Medical Attendant, or other Person who makes this Return Jamo E Domilla M D

Address 1707 Balto St East

Remarks

8960000508

RETURN OF A BIRTH. 71242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Thursday January 2nd 96
4. Place of Birth, (Street and Number) 1834 Harlem Ave
5. Full Name of Mother, Sadie Parkes
6. Mother's Maiden Name, Sadie Bornheim
7. Mother's Birthplace, Jaynesville, Wisconsin
8. Full Name of Father, Joseph Parkes
9. Father's Occupation Travelling Salesman
10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return Gilmer M.D.

Address, 712 N. Mulberry St

Remarks, 8 9 6 0 0 0 0 5 0 9

Wm. J. C. Dulany Co., City Printers and Stationers.

every month to the office of the Commissioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Female~~ 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jany. 2d 96
4. *Place of Birth, (Street and Number)* 1869 Williamst
5. *Full Name of Mother,* Cora Pennington
6. *Mother's Maiden Name,* " Yaskill
7. *Mother's Birthplace,* N.J.
8. *Full Name of Father,* Robt Pennington
9. *Father's Occupation* Glass blower
10. *Father's Birthplace,* N.J.

Name of Medical Attendant, or other person who makes this Return, E. D. Ellis M.D.

Address, 733 W Fayette st

Remarks,

8960000510

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

7,244

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 2nd 1896
4. *Place of Birth (Street and Number)* 1324 N. Mount.
5. *Full Name of Mother* Ida M. Norwood
6. *Mother's Maiden Name* " " Edwards
7. *Mother's Birthplace* Isle of Wight Co. Va.
8. *Full Name of Father* Geo. H. Norwood
9. *Father's Occupation* Watch maker & engraver
10. *Father's Birthplace* Skowhegan, Maine.

Name of Medical Attendant, or other Person who makes this Return. Charles Getz, M.D.

Address 312 N. Gary St

Remarks

8960000511

Physician, Midwife or other person required to report to the registrar aforesaid, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 71245

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 January 1890.
4. Place of Birth, (Street and Number) 220 Harrison St.
5. Full Name of Mother, Sara Saigentz
6. Mother's Maiden Name, Sara Wolinsky
7. Mother's Birthplace, Russia
8. Full Name of Father, Isaac Henry Sargentz.
9. Father's Occupation Cloak makers
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Eva Kahn midwife

Address, 135 Harrison Street

Remarks, Mother and Child are Well.

8960000512.

Wm. J. C. Dulany Co., City Printers and Stationers.

...ant to the office of the Commissioner of Health, in the form of a certificate between the first and ...attendance of a physician or practioner of midwifery, or should no other person be in ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 2nd 1896
4. Place of Birth, (Street and Number) 1313 Ghatcoat St
5. Full Name of Mother, Georgia Johnson
6. Mother's Maiden Name, Georgia Gaskins
7. Mother's Birthplace, Richmond Co Va
8. Full Name of Father, James B. Ferguson
9. Father's Occupation Jews Paper Business
10. Father's Birthplace, Calvert Co. Md

Name of Medical Attendant, or other person who makes this Return. Mrs. Sarah Phillips

Address, 1610 Vincent Street

Remarks, Balto City

8960000513

Wm. J. C. Dulany Co., City Printers and Stationers.

...ment to the office of the Commissioner of Health, in the form of a certificate between the first and ...ce of birth; and the attendance upon the mother, immediately thereafter, or practioner of midwifery, or should no other person be in ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 2 '96
4. *Place of Birth, (Street and Number)*	417 Aisquith
5. *Full Name of Mother,*	Florence Ellen Adlbrecht
6. *Mother's Maiden Name,*	" " Ellen
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Stephen August Adlbrecht
9. *Father's Occupation*	laborer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Wm J. Watson
Address,	1519 N. Broadway
Remarks,	Balto City

8 9 6 0 0 0 0 5 1 4

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 2 January 1896
4. Place of Birth, (Street and Number) Country Club Franklin Road.
5. Full Name of Mother, Katie H. Sagaz.
6. Mother's Maiden Name, " Colyhlin
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John P. Sagaz.
9. Father's Occupation Clerk.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return Rud. J. McInnes.

Address, 1331 Lyle st. Locust Point

Remarks, 8960000515

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) John Adam Freund

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 3rd 1896.
4. Place of Birth, (Street and Number) 640 S. Montford Ave.
5. Full Name of Mother, Annie Freund Cools
6. Mother's Maiden Name, Braun
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Freund
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor

Address, #611 S. Patterson Pk. Ave. Balto Md

Remarks, 8960000516

Wm J C. Dulany Co., City Printers and Stationers.

...without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1.
1. *Sex, (state whether male or female)*	Girl.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	3. January.
4. *Place of Birth, (Street and Number)*	N. 109. Central. t.r.
5. *Full Name of Mother,*	Ezra Rohleder.
6. *Mother's Maiden Name,*	Eva Hazel.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Geo. Rohleder.
9. *Father's Occupation*	Salesman.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return,	Mary Kuss.
Address,	N. 9. Wolfe Street.
Remarks,	

8 4 6 0 0 0 0 5 1 7

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 71251

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not~~ of the white race)
3. Date of Birth, Jan. 3d. 1896.
4. Place of Birth, (Street and Number) 1118 Argyle Ave
5. Full Name of Mother, Sadie Virginia Warner
6. Mother's Maiden Name, Heard
7. Mother's Birthplace, Maryland
8. Full Name of Father, John H Warner
9. Father's Occupation Merchant
10. Father's Birthplace, Frederick Co Md

Name of Medical Attendant, or other person who makes this Return, Elias G Price M.D.

Address, 1012 Madison Ave

Remarks, 8960000518

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 3rd 1896
4. Place of Birth, (Street and Number) 516 S. Duncan Alley
5. Full Name of Mother, Emma Trager
6. Mother's Maiden Name, Emma Tolson
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Chas Trager
9. Father's Occupation, Laboring
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1726 Eastern Ave Balt Md

Remarks,

18960000519

Wm J C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-3-55

RETURN OF A BIRTH. 71253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 3rd 96
4. *Place of Birth, (Street and Number)*	137 E. Fresh St.
5. *Full Name of Mother,*	Francis J. Julier
6. *Mother's Maiden Name,*	" " Reive
7. *Mother's Birthplace,*	Arnsburg Westphalia
8. *Full Name of Father,*	Charles T. Julier
9. *Father's Occupation*	Wholesale & Retail Tobacconist
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Thomas Opie M.D.
Address,	219 W. Monument St
Remarks,	

8 9 6 0 0 0 0 5 2 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth occurring within the limits of Baltimore City shall be reported within ten days thereafter, to the Registrar of Vital Statistics, by the practitioner in the form of a certificate, the date and place of birth; and the attendance upon the mother, immediately thereafter if it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3rd January 1896
4. Place of Birth, (Street and Number) Mc Elderry st 1216
5. Full Name of Mother, Rachel Hiller
6. Mother's Maiden Name, Rachel Zalcher
7. Mother's Birthplace, Poland
8. Full Name of Father, Max Hiller
9. Father's Occupation Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Marie E Ligs

Address, 1625 Hopkins Ave

Remarks,

1896 0000521

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/2355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex, (state whether male ~~or female~~)* George Henry Bunneke
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 3-1896
4. *Place of Birth, (Street and Number)* 1724 E. Lanvale St
5. *Full Name of Mother,* Ida Bunneke
6. *Mother's Maiden Name,* " Danzigloch.
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Julius G. Bunneke
9. *Father's Occupation* Builder
10. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, ~~or other person who~~ makes this Return. Geo F. Taylor M.D

Address, 1254 N. Broadway

Remarks, Julius G. Bunneke Father.

8 4 9 6 3 9 0 0 0 0 5 2 2

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71256

GIVEN NAME ADDED 3-20-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Bertha Joanna Reich

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) caucasian
3. Date of Birth, January 3rd 1896
4. Place of Birth, (Street and Number) 321 South Pulaski St.
5. Full Name of Mother, Mary Barbara Reich
6. Mother's Maiden Name, Mary Barbara Reich
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob Reich
9. Father's Occupation, Beer driver
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Heldrich

Address, 2151. Wilkens ave.

Remarks, 8960000523

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 3 1896
4. *Place of Birth, (Street and Number)*	819 So Caea
5. *Full Name of Mother,*	Emma Kalil
6. *Mother's Maiden Name,*	Emma Traller
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Traller Kalil
9. *Father's Occupation*	Electrican
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Hellyorga Pleiter
Address,	734 Peter
Remarks,	

8 9 6 0 0 0 0 5 2 4

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, 3 of Jan. 96
4. Place of Birth, (Street and Number) 1303 Jefferson st
5. Full Name of Mother, Louvena Mitchell
6. Mother's Maiden Name, " " Brown
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Elisha M. Mitchell
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 1419 Lewis st

Remarks, doing well as can expect

...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and ...child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be sub... any such person or persons who shall hereafter fail to comply with the ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960000525

RETURN OF A BIRTH. 71259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) caucasian
3. Date of Birth, January 3d 1896
4. Place of Birth, (Street and Number) 2016 Wilhelm St.
5. Full Name of Mother, Mary Reitz
6. Mother's Maiden Name, Mary Beck
7. Mother's Birthplace, Germany
8. Full Name of Father, Valentine Reitz
9. Father's Occupation Mechanic
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. J. Herman

Address, 2151. Wilkens Ave.

Remarks,

8 7 6 0 0 0 0 5 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur within every month to the office of the Commissioner in the form of a certificate between the first and the place of birth; and the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January Third 96
4. *Place of Birth, (Street and Number)* 2023 Clapp st
5. *Full Name of Mother,* Helen L Eckles
6. *Mother's Maiden Name,* Helen L Davis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jno. A. Eckles
9. *Father's Occupation* Conductor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs H A Blakeney

Remarks, 731 Lombard st

B 76 0000527

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 7/261

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 2nd 1896
4. *Place of Birth, (Street and Number)* Balto and 15 & 2 Windsor ave
5. *Full Name of Mother,* Delie T. Bradley
6. *Mother's Maiden Name,* Delie T Morris
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Frank Bradley
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return.

Address, Mrs M J Blakney

Remarks, 731 Pow Parland St

8960000528

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jan. 3rd 96
4. *Place of Birth, (Street and Number)* 1121 E. Fayette St.
5. *Full Name of Mother,* Maggie Cooper
6. *Mother's Maiden Name,* " Gordon
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Jacob Cooper
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return Mrs. C. Bernstein

Address, 122 S. Exeter St.

Remarks,

8960000529

Wm. J. C. Dulany Co., City Printers and Stationers.

...case of the death of any child, the date and place of birth; and the ...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~1~~ 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jan 3rd 1896
4. *Place of Birth, (Street and Number)* No: 127 Millington
5. *Full Name of Mother,* Gertrude Steffe Englis
6. *Mother's Maiden Name,* Gertrude Steffe
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Englis
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8960000530

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/264

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female).* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 4 1896
4. *Place of Birth, (Street and Number)* 703 N Stricker
5. *Full Name of Mother,* Mrs Cora B Watts
6. *Mother's Maiden Name,* Cora B Mundy
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mr James Watts
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. J. Savage

Address, 711 N. Broadway

Remarks,

1896 00005311

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over

RETURN OF A BIRTH. 71265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Born Jany (4th) 1st 1896
4. Place of Birth, (Street and Number) # 2107 Fallerick Ave
5. Full Name of Mother, Mrs. Dora Schaefer
6. Mother's Maiden Name, Miss " Reuling Rehling
7. Mother's Birthplace, Balto City
8. Full Name of Father, William H. Schaefer
9. Father's Occupation Plumber
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Mrs. Hiller

Address, # 2008 N. Carey St

Remarks, Margarethe Marie Schaefer

1896 0000532

Wm. J. C. Dulany Co., City Printers and Stationers.

Shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter. It shall become the duty of the person in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (~~state whether male or female~~)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Jany 4/96
4. *Place of Birth, (Street and Number)*	2432 Druid Hill Ave.
5. *Full Name of Mother,*	Carrie M. Wartman
6. *Mother's Maiden Name,*	Carrie M. Gainor
7. *Mother's Birthplace,*	Balto. Md
8. *Full Name of Father,*	John L. Wartman
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return.	Edw. L. Bubert M.D.
Address,	2432 Penna Ave.
Remarks,	

8960000533

...day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 4th 1896
4. Place of Birth, (Street and Number) 15 N. Wolf Street
5. Full Name of Mother, Ida Georgea
6. Mother's Maiden Name, Ida Brandt
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William Georgea
9. Father's Occupation, Laboring
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1726 Eastern Ave Balto Md

Remarks,

8960000534

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9-6-55

RETURN OF A BIRTH. 71268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Myrtle Marie Soule

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Jan 4, 1896
4. Place of Birth, (Street and Number)	1413 Columbia Ave
5. Full Name of Mother,	Susie Soulé
6. Mother's Maiden Name,	Susie Lowe
7. Mother's Birthplace,	Baltimore Md.
8. Full Name of Father,	Isidor Soulé
9. Father's Occupation	Barber
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	W. C. Knight M.D.
Address,	523 Scott St.
Remarks,	

8960000535

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 4th 1896
4. Place of Birth, (Street and Number) 1013 Sterrett St
5. Full Name of Mother, Mary L. Kurtz
6. Mother's Maiden Name, Mary L. Fickenscher
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, W. H. Kurtz
9. Father's Occupation Flagman at B. C. & P. R.
10. Father's Birthplace, State of Florida

Name of Medical Attendant, or other person who makes this Return, Mrs Bangs

Address, 711 Grant

Remarks,

8960000536

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Jan 14th 96
4. Place of Birth, (Street and Number) 903 N. Gay St.
5. Full Name of Mother, Julia Berman
6. Mother's Maiden Name, Goldenberg
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Benjamin Berman
9. Father's Occupation, Merchant
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter St.

Remarks,

1896 0000537

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 71271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (State whether male or female) Male
2. Race or color, (~~if not~~ of the white race)
3. Date of Birth, July 4 - 1896
4. Place of Birth, (Street and Number) 543 N. Fulton Ave
5. Full Name of Mother, Mrs Roxanna Mansfield
6. Mother's Maiden Name. " Hay
7. Mother's Birthplace, Baltimore
8. Full Name of Father, David Clifford Mansfield
9. Father's Occupation, Merchant
10. Father's Birthplace, Talbot Co - Md

Name of Medical Attendant, or other person who makes this Return. C. C. McDowell M.D.

Address, 1521 W. Fayette St

Remarks,

1896 00000538

BULANY & CO., CITY PRINTERS AND STATIONERS.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/272

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, Jan 24 1896
4. Place of Birth, (Street and Number) 1136 Warner St
5. Full Name of Mother, Alice Langley
6. Mother's Maiden Name, Alice Curtis
7. Mother's Birthplace, Cambridge MD
8. Full Name of Father, John Langley
9. Father's Occupation Dock Caring
10. Father's Birthplace, Saint Mary Co

Name of Medical Attendant, or other person who makes this Return, Charlotte Williams

Address, 910 Leaden Hall st

Remarks,

1896 0000539

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over

RETURN OF A BIRTH. 71273

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male - Theodor Wilhelm Raeke
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 28 1896
4. Place of Birth, (Street and Number) 512 Aisquith St
5. Full Name of Mother, Louise Kuesel
6. Mother's Maiden Name, Louise Gross
7. Mother's Birthplace, Holzhausen (Germany)
8. Full Name of Father, William Frederick Raeke
9. Father's Occupation Blacksmith
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs Bangel

Address, 711 N. Caroline

Remarks,

1896 0 0 0 0 5 4 0

Wm. J. C. Dulany Co., City Printers and Stationers.

...parents, the date and place of birth; and the ...practitioner in the form of a certificate between the first and ...Commissioner of Health. In case the birth of any child ...midwifery, or should no other person be in ...person or parents of such ...required, and within the period above required, and ...Health, in the manner and ...fail to comply with the provisions of this section shall be ...who shall hereafter ... offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71274

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 4. 1896.
4. Place of Birth, (Street and Number) 811 Low St.
5. Full Name of Mother, Cady Bodner
6. Mother's Maiden Name, Cady Raperport
7. Mother's Birthplace, Austria
8. Full Name of Father, Issac Bodner
9. Father's Occupation, Button Maker
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return. Dr. H. Rubinstein

Address, # 105 N. Barre St.

Remarks,

8960000541

Wm. J. C. Dulany Co., City Printers and Stationers.

the Certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/2755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 4th 1896
4. Place of Birth, (Street and Number) 305 Hanover street
5. Full Name of Mother, Johanne Maria ~~Koblitz~~ Seiler
6. Mother's Maiden Name, J. M. Koblitz
7. Mother's Birthplace, Limbach b/Chemnitz, Germany
8. Full Name of Father, Albert Seiler
9. Father's Occupation Baker + confectioner
10. Father's Birthplace, Hamburg a/E. Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Darge

Address, 711 Hanover st

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

18960000542

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 4th 1896
4. *Place of Birth, (Street and Number)* 75 Cedar avenue
5. *Full Name of Mother,* Estella Robinson
6. *Mother's Maiden Name,* Morris
7. *Mother's Birthplace,* Balt Co Md
8. *Full Name of Father,* Louis Robinson
9. *Father's Occupation* Stone Mason
10. *Father's Birthplace,* Balt Co Md

Name of Medical Attendant, or other person who makes this Return, Mary a Martin

Address, 2304 Cedar avenue

Remarks,

1 6 7 6 0 0 0 0 5 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* black
3. *Date of Birth,* June 4 1896
4. *Place of Birth, (Street and Number)* 226 Hartford Avenue
5. *Full Name of Mother,* Emma Hughes
6. *Mother's Maiden Name,* Emma Hoffman
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* William Hughes
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin M.D.

Address, The Johns Hopkins Hospital

Remarks,

8960000541

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-6-56

CERTIFICATE CORRECTED 8-7-36

RETURN OF A BIRTH. 71278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Albert Linton ~~O'Neal~~ O'Neale

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 4th 96
4. Place of Birth, (Street and Number) 1123 Scott. st
5. Full Name of Mother, Alice ~~Neal~~ O'Neale
6. Mother's Maiden Name, " McKinzie
7. Mother's Birthplace, Howard Co.
8. Full Name of Father, Robert ~~Neal~~ O'Neale
9. Father's Occupation, Conductor
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return, C. L. Buddenbohn M.D.

Address, 418 S. Paca St.

Remarks,

8960000545

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 4th 96
4. *Place of Birth, (Street and Number)*	1122 N. Mt. St.
5. *Full Name of Mother,*	Pearl Lena Penick
6. *Mother's Maiden Name,*	same
7. *Mother's Birthplace,*	—
8. *Full Name of Father,*	—
9. *Father's Occupation*	—
10. *Father's Birthplace,*	—
Name of Medical Attendant, or other person who makes this Return,	D. McCallum MD
Address,	Hospital 1122 N. Mount St
Remarks,	Illegitimate

8960000546

Every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71280

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1/5/96
4. Place of Birth, (Street and Number) 600 Scott St Baltimore
5. Full Name of Mother, Catherin Rossing
6. Mother's Maiden Name, " Tremper
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles Rossing
9. Father's Occupation Butcher
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bangs

Address, 714 N. Gilmor St

Remarks,

8960000547

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 5 January

4. Place of Birth, (Street and Number) #16 Port st

5. Full Name of Mother, Minnie Krause.

6. Mother's Maiden Name, Lawson

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Louis Krause.

9. Father's Occupation Baker

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs L Gross.

Address, 1907 E Monument st

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8266000005488

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 5th 1896
4. Place of Birth, (Street and Number) No 1499 William st
5. Full Name of Mother, Mary Eble
6. Mother's Maiden Name, Mary Brocker
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Eble
9. Father's Occupation Cabinet maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Horning

Address, No 1517 Byrd st

Remarks, — — — — — —

1 8 9 6 0 0 0 0 5 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

...day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71283

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 5th 1896
4. *Place of Birth, (Street and Number)* 417 Merida Alley
5. *Full Name of Mother,* Katie Merriam
6. *Mother's Maiden Name,* Katie Stinnents
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Merriam
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor

Address, 611 South Patterson Park Ave, Balto. Md

Remarks,

8960000550

Wm. J. C. Dulany Co., City Printers and Stationers.

...day of each and every month to the office of the Commissioner of Health, the date and place of birth; and the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5th January 1896
4. Place of Birth, (Street and Number) Baltimore Md 239 Gallagher St
5. Full Name of Mother, Eva Bellido de Stude
6. Mother's Maiden Name, " " " Luna
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Henry Edward Stude
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Manning

Address, 114 S Stricker St Baltimore Md.

Remarks, Mother and Child are doing well

8 7 6 0 0 0 0 5 5 1

The name and occupation of the full name of each child, if any shall have been delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71285

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 5th 1896
4. Place of Birth, (Street and Number) 413 S. Durham Street
5. Full Name of Mother, Lizzie Bishop
6. Mother's Maiden Name, Lizzie Lenpt
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Joseph Bishop
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1726 Eastern Ave Balto Md

Remarks,

8760000552

Wm J. C. Dulany Co., City Printers and Stationers.

...shall be duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Fifth.

1. *Sex*, (state whether male or female) Female

2. *Race or Color*, (if not of the white race)

3. *Date of Birth* January 5th 1896

4. *Place of Birth*, (Street and Number) 710 Appleton St.

5. *Full Name of Mother*, Augusta Pohlman

6. *Mother's Maiden Name*, Schneider.

7. *Mother's Birthplace*, Baltimore City

8. *Full Name of Father*, Gustavus A. Pohlman

9. *Father's Occupation*, Jeweler

10. *Father's Birthplace*, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Alice S. Pantchurst M.D.

Address, 1410 Park Avenue

Remarks,

8960000553

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 71287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 5/96
4. *Place of Birth, (Street and Number)*	B. M. Maternité 29 N. Bond St
5. *Full Name of Mother,*	Mary Bramble
6. *Mother's Maiden Name,*	" Poole
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	John Bramble
9. *Father's Occupation*	Tinner
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return	J. C. Ohlendorf M. D.
Address,	518 N. Bond St
Remarks,	

8 9 6 0 0 0 0 5 5 4

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 71288

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (Br)

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan. 5th 1896
4. *Place of Birth (Street and Number)* 708 W. Mulberry St.
5. *Full Name of Mother* Ada L. Gordon
6. *Mother's Maiden Name* " " Boughman
7. *Mother's Birthplace* Baltimore, Md
8. *Full Name of Father* Ernest F. Gordon
9. *Father's Occupation* House Painter
10. *Father's Birthplace* Baltimore, Md

Name of Medical Attendant, or other Person who makes this Return. Charles Geis, M. D.

Address 812 N. Gay St.

Remarks

8960000555

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 71289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 5th 1896
4. Place of Birth, (Street and Number) 1502 N. Eden st
5. Full Name of Mother, Alice Gray
6. Mother's Maiden Name, Alice Frederick
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Sylvanus Gray
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, A. G. Watson

Address, 1301 N. Central Ave

Remarks,

8960000556

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 5
4. *Place of Birth, (Street and Number)*	842 Columbia Ave
5. *Full Name of Mother,*	Mamie Hawser
6. *Mother's Maiden Name,*	Mamie Osler
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles E. Hawser
9. *Father's Occupation*	Contractor
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Hildegarde Ehrlich
Address,	
Remarks,	8 6 7 0 0 0 5 5 Patapsco

Wm. J. C. Dulany Co., City Printers and Stationers.

The full name of each child, (if any shall have died before the return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 5th 1896
4. Place of Birth, (Street and Number) 618 S. Washington Street
5. Full Name of Mother, Ida Barress
6. Mother's Maiden Name, Ida Daves
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, James Barress
9. Father's Occupation, Laboring
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1726 Eastern Ave Balto Md

Remarks,

8 9 6 0 0 0 0 5 5 8

Wm J. C. Dulany Co., City Printers and Stationers.

...third day of each and every month, duly signed by the practitioner in the form of a certificate between the first and ... parents, the date and place of birth; and the ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, 5 January 1896
4. Place of Birth, (Street and Number) 635 German St- Batto City
5. Full Name of Mother, Lizzie Elliott
6. Mother's Maiden Name, Dowson
7. Mother's Birthplace, Batto City
8. Full Name of Father, John Elliott
9. Father's Occupation, Waiter
10. Father's Birthplace, Batto City

Name of Medical Attendant, or other person who makes this Return. Emily Hughes

Address, 652 Cider alley Batto City

Remarks,

8 7 6 0 0 0 0 0 5 5 9

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 5th 1896
4. *Place of Birth, (Street and Number)* 119 Ostend St
5. *Full Name of Mother,* Sophia Touchard
6. *Mother's Maiden Name,* Stump
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Albert C. Touchard.
9. *Father's Occupation* Butler
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Minnie Graf

Address, Mrs. Minnie Graf 206 N Schroeder

Remarks,

18960000560

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5. Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born Jany 5th 1896
4. *Place of Birth, (Street and Number)*	# 316 Entallwood, St
5. *Full Name of Mother,*	Miss. Barbra Klinker
6. *Mother's Maiden Name,*	Miss. " Reiflingshafer
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Henry Klinker
9. *Father's Occupation*	Stove Cutter
10. *Father's Birthplace,*	Strewsburg, Pa
Name of Medical Attendant, or other person who makes this Return,	Mrs. Miller
Address,	12008 No. Henry St
Remarks,	

8960000561

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-10-59

RETURN OF A BIRTH. #71295

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Albert Oscar Sutherland 4th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 6th 1896
4. Place of Birth, (Street and Number) 410 S. Collington av.
5. Full Name of Mother, Lida Sutherland
6. Mother's Maiden Name, Lida Rowe
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Andrew Sutherland
9. Father's Occupation, Boiler Maker
10. Father's Birthplace, Annapolis Md.

Name of Medical Attendant, or other person who makes this Return. W. H. Johnson M.D.

Address, 1916 East Pratt St.

Remarks,

8960000562

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 7296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Mayel, Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 5-a
4. Place of Birth, (Street and Number) Woodward. St 946 Baltimore
5. Full Name of Mother, Margaret [redacted] Stierhoff
6. Mother's Maiden Name, Emmerich
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Baltimore A. Fred. Stierhoff
9. Father's Occupation Wheelwright
10. Father's Birthplace, Pikesville. Baltimore Co.

Name of Medical Attendant, or other person who makes this Return, Wm Bouge

Address, 711 N. Broad st

Remarks,

8960000563

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Edith May Miles

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~1st~~ ~~Child~~

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5th January 96
4. Place of Birth, (Street and Number) Baltimore Md 425 S Gilmore St
5. Full Name of Mother, Carrie Miles
6. Mother's Maiden Name, Bassler
7. Mother's Birthplace, ~~Germany~~ Baltimore
8. Full Name of Father, John Miles
9. Father's Occupation Fireman
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Sister Rosalia

Address, 414 S Stricker St Baltimore Md

Remarks, Mother and Child Care Thirty Hello

B 9 6 0 0 0 0 0 5 6 4

Wm. J. C. Dulany Co., City Printers and Stationers

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71298

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Jan 3rd 96
4. Place of Birth (Street and Number)	812 N Bond st
5. Full Name of Mother	Nellie J. Finks
6. Mother's Maiden Name	Nellie J Loove
7. Mother's Birthplace	Virginia.
8. Full Name of Father	Harry Finks
9. Father's Occupation	Compositor
10. Father's Birthplace	Balto City
Name of Medical Attendant, or other Person who makes this Return.	Chas B. Layton MD
Address	920 N Broadway
Remarks	C

1896000000565

within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 71299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Caroline Estella Noweck

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5th January 1896
4. Place of Birth, (Street and Number) Baltimore Md 1367 Fulton Ave.
5. Full Name of Mother, Henrietta (Roeck) Noweck
6. Mother's Maiden Name, " Wahmanshe
7. Mother's Birthplace, Germany
8. Full Name of Father, Gottfried (Fuecks) Noweck
9. Father's Occupation Musician
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Keasing

Address, 414 S Stricker St Baltimore Md

Remarks, Mother and Child are doing well

8900000566

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth which shall occur within the limits of Baltimore City shall be reported to the Commissioner of Health, by the physician or midwife in attendance, within ten days after the same can be ascertained; and in case there shall be no physician or midwife in attendance upon the mother, then the householder or owner of the premises where such birth shall occur, or the parent of such child, shall report the same within ten days after the same can be ascertained the full name of each child, if any shall have been registered, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Baltimore Jan 6 1896
4. *Place of Birth, (Street and Number)* 124 Little Wolf & Fish. Alley No. 2d
5. *Full Name of Mother,* Fanny Shapiera
6. *Mother's Maiden Name,* Lucy Ceterman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Hirsch Shapiera
9. *Father's Occupation* Umbrella Factory
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Geo. Lee Bailey

Address, 20 E. Fair & Hospital St

Remarks,

6760000567

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71201

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, January 5. 96
4. Place of Birth, (Street and Number) 1263 Jackson St.
5. Full Name of Mother, Annie Finkelstein
6. Mother's Maiden Name, Hayes
7. Mother's Birthplace, England
8. Full Name of Father, Barney Finkelstein
9. Father's Occupation, Tailor
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return, Jos. B. Reid M.D.

Address, 1312 Ashland Ave

Remarks,

8960000563

Wm J C. Dulany Co., City Printers and Stationers.

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Finiale
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, Jan 6: 1896
4. Place of Birth, (Street and Number) 1106 Woodyear st
5. Full Name of Mother, Camilla Miller
6. Mother's Maiden Name,
7. Mother's Birthplace, Virginia
8. Full Name of Father, Seavhious Robinson
9. Father's Occupation ~~Virginia~~ driver
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Maud Jones

Address, 1337 Whitevat st

Remarks,

8960000569

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 71313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (State whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	5th day
4. *Place of Birth, (Street and Number)*	Seder av 132 Hampden
5. *Full Name of Mother,*	Maggie Mc Ginneman
6. *Mother's Maiden Name,*	Maggie apsley
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	thomas E Ginneman
9. *Father's Occupation,*	Ploste
10. *Father's Birthplace,*	Bal Co Md
Name of Medical Attendant, or other person who makes this Return.	Elizabeth Ginneman
Address,	Hampden ave
Remarks,	

1896 0000570

...sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...B. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 7/304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored race
3. *Date of Birth,* January 5th 1896
4. *Place of Birth, (Street and Number)* 1757 Mulliken St. Balto. Md.
5. *Full Name of Mother,* Ella Roberson
6. *Mother's Maiden Name,* Ella Glenn
7. *Mother's Birthplace,* Baltimore County Md.
8. *Full Name of Father,* Gustus Roberson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* King williams County Va.

Name of Medical Attendant, or other person who makes this Return, Georgiana Brooke

Address, 1757 E. Mulliken St.

Remarks, No remarks this 12th Inst. full contents.

8960000571

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71 305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6 January 1896
4. Place of Birth, (Street and Number) 304 Castle str
5. Full Name of Mother, Sophie Slecht Kreuml
6. Mother's Maiden Name, Sophie Slechta
7. Mother's Birthplace, Bohimen
8. Full Name of Father, Frank Kreuml
9. Father's Occupation Shoe Maker
10. Father's Birthplace, Bohimen

Name of Medical Attendant, or other person who makes this Return, Luise Svatora

Address, 100 Durham str

Remarks,

8460000572

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 6th 1896
4. Place of Birth, (Street and Number) 1734 Easton Ave
5. Full Name of Mother, Mary Hauck
6. Mother's Maiden Name, Mary Talding
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John P. Hauck
9. Father's Occupation, Barber
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1726 Eastern Ave Balto Md

Remarks,

8960000573

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 6th 1896
4. Place of Birth, (Street and Number) 1574 Medary St
5. Full Name of Mother, not married
6. Mother's Maiden Name, Mary F Lewis
7. Mother's Birthplace, Portsmouth Va
8. Full Name of Father, William Davis
9. Father's Occupation dead
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Martine Pattison

Address, 419 Lewis St

Remarks, Well as can be Expected

1896000005 74

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Monday January 6th 96. 1.15 P.M.
4. Place of Birth, (Street and Number) 1115 N. Mount St
5. Full Name of Mother, Matilda M. C. Lindner
6. Mother's Maiden Name, Matilda M.C. Saeger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles A Lindner
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, E. J. Mason M.D.

Address, 112 W. Mulberry St

Remarks,

8760000575

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 6 1895
4. Place of Birth, (Street and Number) 1207 Mosher
5. Full Name of Mother, Alice Virginia Crum
6. Mother's Maiden Name, "
7. Mother's Birthplace, Crum.
8. Full Name of Father, J. Henry Crum
9. Father's Occupation Printer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return Morris B. Robins M.D.

Address, 1344 Druid Hill Ave

Remarks,

8960000576

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Born Jany 6th 1896
4. Place of Birth, (Street and Number) # 211 Hanaway Lane
5. Full Name of Mother, Mrs. Maggie Burkouske
6. Mother's Maiden Name, Miss " Kroemer
7. Mother's Birthplace, Bayern Germany
8. Full Name of Father, Charles Burkouske
9. Father's Occupation Labor
10. Father's Birthplace, Hessen Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Hiller

Address, # 2008 N. Henry St

Remarks,

8960000577

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 6. 1896
4. *Place of Birth, (Street and Number)*	1050 Hanbart St
5. *Full Name of Mother,*	Annie Dempsey
6. *Mother's Maiden Name,*	Annie Delaney
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	James Dempsey
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs Ettel
Address,	16.19 Ember St
Remarks,	Balt.

8960000578

Wm J. C. Dulany Co., City Printers and Stationers.

...occupation of its parents, the date and place of birth; and the ...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edwin Elkton Wheeler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 6th 1896
4. Place of Birth, (Street and Number) N. 1193 Leadenhall St.
5. Full Name of Mother, Annie Wheeler
6. Mother's Maiden Name, " Lonsley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Wheeler
9. Father's Occupation, Mechanic
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Maggie A. Wilkinson

Address, GIVEN NAME ADDED 5-20-05 L.M.

Remarks,

8960000579

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 6 1896
4. *Place of Birth, (Street and Number)* 1037 N Sar
5. *Full Name of Mother,* Lena Eagle
6. *Mother's Maiden Name,* " " Bischwald
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Wilhelm Eagle
9. *Father's Occupation* Expressman
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Wm Winnie Graf

Address, 216 N. Schroeder St

Remarks,

8960000580

Wm. J. C. Dulany Co., City Printers and Stationers.

The Registrar of Vital Statistics shall ascertained the full name of each child, if any shall have been born, of its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Child
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	6th January 1896.
4. *Place of Birth, (Street and Number)*	Hull St. No. 1776.
5. *Full Name of Mother,*	Lizzie Leinbach
6. *Mother's Maiden Name,*	" Wagner
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	August Leinbach
9. *Father's Occupation*	Baker
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return,	Lizzie Schaefer
Address,	E Fortune St 1708
Remarks,	

The Certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 6 0 0 0 0 5 8 1

RETURN OF A BIRTH. 71315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Jan 2nd 1896

4. *Place of Birth, (Street and Number)* 45 N Middle St

5. *Full Name of Mother,* Not married

6. *Mother's Maiden Name,* Mary Louise Lewis

7. *Mother's Birthplace,* Westport county

8. *Full Name of Father,* William Henry

9. *Father's Occupation* Oyster Dealer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 419 Penn St

Remarks, Drug well and can expect

Wm. J. C. Dulany Co., City Printers and Stationers.

8960000582

To secure its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6. day January
4. Place of Birth, (Street and Number) 722 E. Saratoga St
5. Full Name of Mother, Amilia Lamb.
6. Mother's Maiden Name, " Ernst.
7. Mother's Birthplace, Igna, Sachsen Germany
8. Full Name of Father, Paul R. Lamb.
9. Father's Occupation, Merchant
10. Father's Birthplace, Bayern Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8960000583

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

The Commissioner of ... have occurred under his or her care during the ... the same can be ascertained the full name of each child, (if any shall have ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 6th. 1896
4. Place of Birth, (Street and Number) 1859 N. Gay St.
5. Full Name of Mother, Anna Geller
6. Mother's Maiden Name, Schraudner
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Geller
9. Father's Occupation, Beer brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wilhelmine Schmidt

Address, N. 7 Mine Bank Lane

Remarks, none

8760000584

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2,

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 6 January
4. Place of Birth, (Street and Number) 1329 Hull st.
5. Full Name of Mother, Cigner Colley
6. Mother's Maiden Name, " Brown.
7. Mother's Birthplace, Newburgh W. Va.
8. Full Name of Father, Edw. Colley
9. Father's Occupation Butcher
10. Father's Birthplace, Arlington Md.

Name of Medical Attendant, or other person who makes this Return, Ruth J. Mylan.

Address, 1331 Hull St. Locust Point

Remarks,

8960000585

Wm. J. C. Dulany Co., City Printers and Stationers.

...by the Commissioner of ... which have occurred under his or her care during the ... as far as the same can be ascertained the full name of each child, if any shall have ... and occupation of its parents, the date and place of birth; and the ... in the form of a certificate between the first and ... Commissioner of Health. In case the birth of any child ... of midwifery, or should no other person be in ... practitioner of physician or practitioner of midwifery, or should no other person be in ... shall become the duty of the person or parents of such ... immediately thereafter it shall become the duty of the person or parents of such ... manner and within the period above required, and ... Health, in the manner and within the provisions of this section shall be sub- ... Commissioner of Health, in the manner and within the provisions of this section shall be sub- ... fail to comply with the provisions of this section shall be sub- ... persons who shall hereafter fail to comply with the provisions of this section shall be sub- ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 6 '96
4. *Place of Birth, (Street and Number)*	728 N Monroe St
5. *Full Name of Mother,*	Mrs Mary E Dashiell
6. *Mother's Maiden Name,*	" J. " Clement
7. *Mother's Birthplace,*	Queen Anne's Co Md
8. *Full Name of Father,*	Richd C Dashiell
9. *Father's Occupation*	Lasting Salesman
10. *Father's Birthplace,*	Somerset Co Md
Name of Medical Attendant, or other person who makes this Return,	T C Worthington
Address,	845 W Fayette
Remarks,	

8966000586

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/320

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 7th 1899
4. Place of Birth, (Street and Number) Baltimore city 922 Little Pine St
5. Full Name of Mother, Susie Lawrence Foster
6. Mother's Maiden Name, Susie Lawrence Jones
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Thomas H Jones
9. Father's Occupation, Laborman
10. Father's Birthplace, West river

Name of Medical Attendant, or other person who makes this Return. Doctor Mary Jane Smith

Address, 325 Diamond St

Remarks, Please to excuse me for not sending in these names at the right time, Case I did not have any to put in at home.

8960000587

Wm J C. Dulany Co., City Printers and Stationers.

...name of each child, if any shall have ... be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored race
3. Date of Birth, Born Jan. 7th 1896
4. Place of Birth, (Street and Number) 1514 Mulliken St. Baltimore Md.
5. Full Name of Mother, Annie Howard
6. Mother's Maiden Name, Annie Gauchier.
7. Mother's Birthplace, Dorchester County Md.
8. Full Name of Father, William H. Howard.
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Georgianna Brooks

Address, 1517 E. Mulliken St.

Remarks, No remarks this is the full contents

8960000588

Wm. J. C. Dulany Co., City Printers and Stationers.

...ness can be ascertained the full name of each child, if any shall have been concerned in the same, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1. Child.
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	1st Jan 1896
4. *Place of Birth, (Street and Number)*	2001 Frederick Ave
5. *Full Name of Mother,*	Bertha · Reimbach
6. *Mother's Maiden Name,*	Bertha · Wishow
7. *Mother's Birthplace,*	West Prixan germay
8. *Full Name of Father,*	George Reimbach
9. *Father's Occupation,*	Bar Keeper
10. *Father's Birthplace,*	Barn Baltimore
Name of Medical Attendant, or other person who makes this Return.	Max Hiller
Address,	No 2008 Mc Henry st
Remarks,	

8960000589

Wm. J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d 1st
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 7 1896
4. *Place of Birth, (Street and Number)*	1500 N. Regester St
5. *Full Name of Mother,*	Ida Lanham
6. *Mother's Maiden Name,*	" Wright
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Jas. Louis Lanham
9. *Father's Occupation*	Steam-pipe fitter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Wm J. Walston
Address,	1519 N. Broadway
Remarks,	

8 9 6 0 0 0 0 0 5 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered. duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd (second)
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 7th
4. *Place of Birth, (Street and Number)*	1411 Winans
5. *Full Name of Mother,*	Teresa Carter
6. *Mother's Maiden Name,*	Teresa Farrell
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John George Carter
9. *Father's Occupation*	Machinist
10. *Father's Birthplace,*	New York
Name of Medical Attendant, or other person who makes this Return.	Mrs Bauer
Address,	711 W. Cross
Remarks,	

8960000591

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) ~~January 7th 96~~ White
3. Date of Birth, January 7th 96.
4. Place of Birth, (Street and Number) 1203 E. Biddle st.
5. Full Name of Mother, Amelia Armstrong
6. Mother's Maiden Name, Amelia Abel
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Geo. F. Armstrong
9. Father's Occupation Clothing Cutter
10. Father's Birthplace, Wilmington Del.

Name of Medical Attendant, or other person who makes this Return, Charles H. A. Meyer M. D.

Address, 1019 N. Caroline st.

Remarks,

8960000592

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 7/26
4. *Place of Birth, (Street and Number)*	B. M. Maternité 29 N. Bond St.
5. *Full Name of Mother,*	Sophie Wittmer
6. *Mother's Maiden Name,*	" Bosley
7. *Mother's Birthplace,*	Baltimore City.
8. *Full Name of Father,*	Nick Wittmer
9. *Father's Occupation*	Sailor
10. *Father's Birthplace,*	Eastern Shore
Name of Medical Attendant, or other person who makes this Return,	J. C. Ahlendorf M.D.
Address,	518 N. Bond St.
Remarks,	

8960000593

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 7/96
4. Place of Birth, (Street and Number) B. M. Maternité 29 N. Bond St
5. Full Name of Mother, Mattie Starks
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Wm Clayton
9. Father's Occupation Driver
10. Father's Birthplace, Unknown

Name of Medical Attendant, or other person who makes this Return H. C. Ohlendorf M. D.

Address, 518 N. Bond St.

Remarks,

8960000594

Wm. J. C. Dulany Co., City Printers and Stationers.

Said Return shall contain its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 1896 ~~Maryland~~
4. Place of Birth, (Street and Number) Maryland 612 William ST
5. Full Name of Mother, Annie Sudbrook
6. Mother's Maiden Name, annie Hicks
7. Mother's Birthplace, Maryland
8. Full Name of Father, Henry Sudbrook
9. Father's Occupation Ice Driver
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Drs Ann Taylor

Address, 41 Guilford Alley

Remarks, Well

8760000595

Wm. J. C. Dulany Co,. City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 71329

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	Color
3. *Date of Birth,*	7 of Jan 1896
4. *Place of Birth, (Street and Number)*	1025 S Eutaw st Balto md
5. *Full Name of Mother.*	Eliza ~~Lewis~~ Mason
6. *Mother's Maiden Name,*	Lewis
7. *Mother's Birthplace,*	Northumland Co. Va
8. *Full Name of Father,*	Henry Mason
9. *Father's Occupation,*	Hard Labor
10. *Father's Birthplace.*	Prince Geo Co Va
Name of Medical Attendant, or other Person who makes this Return	Mary G. Holmes
Address,	823 W. Hemitta st
Remarks,	Balto. md

"The Registrar aforesaid, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

& CO., CITY PRINTERS AND STATIONERS

8960000596

RETURN OF A BIRTH. 71330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 2nd 1896
4. *Place of Birth, (Street and Number)* 1848 Etting st
5. *Full Name of Mother,* Rosa S Sheils
6. *Mother's Maiden Name,* Rosa Steffen
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Sheils
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Martha A Foster

Address, 1620 E Lanvale st

Remarks,

8960000597

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Wednesday January the 8th 96
4. Place of Birth, (Street and Number) 613 S Fremont st.
5. Full Name of Mother, Antonette E Suchting
6. Mother's Maiden Name, Antonette E Lampl.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Henry W Suchting.
9. Father's Occupation Cabinet maker.
10. Father's Birthplace, Reneburg Holstein Germany.

Name of Medical Attendant, or other person who makes this Return Mrs Bayne

Address, 711 N Carey st

Remarks,

8960000598

Wm. J. C. Dulany Co., City Printers and Stationers.

Said Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 26th 96
4. Place of Birth, (Street and Number) No 431 N Washington Ave
5. Full Name of Mother, Rose Stulsen
6. Mother's Maiden Name, Kirchen
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Andrew Prelle
9. Father's Occupation Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gross

Address, 1907 E Monument

Remarks, Unmarried

1896000569

~~1896000317~~

been conferred) its sex, color, the full name and occupation of its parents, the number of children born to the mother between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

A 71744

RETURN OF A BIR

To the Office of Registrar of Vital Statistics, Board of He

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Carroll Baltimore 4th Jan
4. Place of Birth, (Street and Number) London ave near
5. Full Name of Mother, Violet May O'Keeffe
6. Mother's Maiden Name, Violet May Thomas
7. Mother's Birthplace, Baltimore City Mary
8. Full Name of Father, William Joseph O'Ke
9. Father's Occupation Mechanic
10. Father's Birthplace, Baltimore City Mary

Name of Medical Attendant, or other person who makes this Return, Mrs Elizabe

Address, Hoffman Lane Baltimor

Remarks,

1896000006 00

C. Dulany Co., City Printers & Stationers.

71745

RETURN OF A BI

To the Office of Registrar of Vital Statistics, Board of

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* 7 Jan 1896
4. *Place of Birth, (Street and Number)* 33 Spring
5. *Full Name of Mother,* Fannie Levi
6. *Mother's Maiden Name,* Rosenline
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Louis Levi
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Cohen

Address, 79 Lafayette St.

Remarks,

8960000601

Every person superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

7746

CERTIFICATE CORRECTED 3-15-55

To the Office of Registrar of Vital Statistics, Board of Hlth., Baltimore City.

Name: Anna Marie Hoemmer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Kind

1. Sex, (~~state whether male~~ or female) Mädchen

2. Race or Color, (if not of the white race) Weis.

3. Date of Birth, 4 Januar 1896

4. Place of Birth, (Street and Number) 411 Saratoga St. 929.

5. Full Name of Mother, Anna Maria Hoemmer

6. Mother's Maiden Name, Lenz.

7. Mother's Birthplace, Deutschland Liebau.

8. Full Name of Father, Karl ~~Hoemmer~~ Hoemmer

9. Father's Occupation Gärtner

10. Father's Birthplace, Deutschland Rienderbingen.

Name of Medical Attendant, or other person who makes this Return M A Leffler

Address, 1004 West Lexington St

Remarks,

8960000060

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-29-56

RETURN OF A BIRTH. 71747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Michael Edward ~~Gerlach~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 4 — 1896
4. Place of Birth, (Street and Number) 2523 Eastern Ave.
5. Full Name of Mother, Maria Gerlach
6. Mother's Maiden Name, Kraemer
7. Mother's Birthplace, Germany
8. Full Name of Father, George Gerlach
9. Father's Occupation Hunter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Mary Maria

Address, 1427 E. Pratt St.

Remarks,

8960000603

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 4
4. Place of Birth, (Street and Number) 1609 Lyman St.
5. Full Name of Mother, Mrs Mary Thurman Bigwart
6. Mother's Maiden Name, "
7. Mother's Birthplace, ~~Baltimore~~ Bigwart Balto
8. Full Name of Father, Jno Bigwart
9. Father's Occupation Brush Maker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, G. B. Lullman

Address, Lyman & Dy

Remarks,

8960000604

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex, (state whether male or female)* Male — Louis Jr. 4.02. 7/30/20
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 4th 1896
4. *Place of Birth, (Street and Number)* 1227½ E Lexington St
5. *Full Name of Mother,* Annie Hollander
6. *Mother's Maiden Name,* " Chilovity
7. *Mother's Birthplace,* Austria
8. *Full Name of Father,* Harry Hollander
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Austro Hungary

Name of Medical Attendant, or other person who makes this Return. Dr. J. B. Whitwick

Address, 309 N. Eden St.

Remarks,

8460000605

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 71750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Fivd
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 5 1896
4. Place of Birth, (Street and Number) N Washington st 420
5. Full Name of Mother, Sophia Pliby
6. Mother's Maiden Name, Farmer
7. Mother's Birthplace, Pliby
8. Full Name of Father, John
9. Father's Occupation, Labor
10. Father's Birthplace, Farmer

Name of Medical Attendant, or other person who makes this Return, Mary Boyles

Address, N Washington st 205

Remarks,

8960000006 05

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 12-17-57

RETURN OF A BIRTH. 71751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Regina A. Schwolow

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5 January 1896
4. Place of Birth, (Street and Number) 1128 Easter Av
5. Full Name of Mother, Annie Schwolow
6. Mother's Maiden Name, Annie Holtz
7. Mother's Birthplace, Baltimore MD
8. Full Name of Father, August Schwolow
9. Father's Occupation Mariner
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 514 S Washington St

Remarks,

8960000607

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan. 5/96
4. *Place of Birth, (Street and Number)*	1510 S. Rose St.
5. *Full Name of Mother,*	Mamie Kapper
6. *Mother's Maiden Name,*	" Weisgerber
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Geo. Kapper
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. Diefenhofer
Address,	120 S. Sharp St.
Remarks,	

8960000608

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the daty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 5, 1876.
4. Place of Birth, (Street and Number) 413 Falls Road.
5. Full Name of Mother, Jaunita Allgood.
6. Mother's Maiden Name, Davis.
7. Mother's Birthplace, Md.
8. Full Name of Father, Robert C. Allgood.
9. Father's Occupation Arab.
10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Nicholl 2d, M.D.

Address, 291 Chestnut ave.

Remarks,

8960000609

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) ~~2 Male~~ Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 5 th 1896
4. Place of Birth, (Street and Number) #1444 N. 23rd St.
5. Full Name of Mother, Amanda McKenna
6. Mother's Maiden Name, Amanda Robinson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William, C. McKenna
9. Father's Occupation Fire department
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return M. A Dudley

Address, 1004 West Lexington St

Remarks,

8960000610

Wm. J. C. Dulany Co., City Printers and Stationers.

Note.—This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71755.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 5 1896
4. Place of Birth, (Street and Number) 414 S. Eden St.
5. Full Name of Mother, Annie Amalia Edelman
6. Mother's Maiden Name, Fietsch
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles J. Edelman
9. Father's Occupation Wagon Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Oath St.

Remarks,

8960000611

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* June 5th
4. *Place of Birth, (Street and Number)* 610 N Lafayette Ave
5. *Full Name of Mother,* Elizabeth C. Sahm
6. *Mother's Maiden Name,* " " Korder
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Adam R. Sahm
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, John E. Huck

Address, 4647 W. Lafayette ave

Remarks,

8960000612

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 5th 1926
4. *Place of Birth, (Street and Number)* 412 Pierpont St
5. *Full Name of Mother,* Caroline V. Beck Steffe
6. *Mother's Maiden Name,* Caroline V. Beck
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* James H. Steffe
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Ora E. Colley

Address, 1922 Hillsdale Ave.

Remarks,

8960000613

Wm. J. C. Dulany Co., City Printers and Stationers.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th child.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 6th 1890
4. Place of Birth, (Street and Number) 140 Preston St
5. Full Name of Mother, Ellen Bowen
6. Mother's Maiden Name, Ellen Waters
7. Mother's Birthplace, Princess Anne, Somerset Co. Md.
8. Full Name of Father, Josiah Bowen
9. Father's Occupation Musician
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, T. H. Keown M.D.

Address, Maryland General Hospital

Remarks,

8960000614

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 6/95
4. Place of Birth, (Street and Number) 121 S. Bway
5. Full Name of Mother, Mary Forster
6. Mother's Maiden Name, Loeffler
7. Mother's Birthplace, Germany
8. Full Name of Father, Ernest Forster
9. Father's Occupation Painter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Duisenhofer

Address, 1200 S. Sharp St

Remarks,

8960000615

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6 January 1876
4. *Place of Birth, (Street and Number)* 4 Port St
5. *Full Name of Mother,* Elisabet Jansen
6. *Mother's Maiden Name,* Elisabet Elvorsen
7. *Mother's Birthplace,* Norway Europ
8. *Full Name of Father,* Sigbon Jansen
9. *Father's Occupation* Marner
10. *Father's Birthplace,* Norway Europ

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

8960000616

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Cornelius Henry Menger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White race
3. Date of Birth, January 7th 1896.
4. Place of Birth, (Street and Number) 722 N. Carrollton Ave
5. Full Name of Mother, Rosa Thomas Menger.
6. Mother's Maiden Name, Rosa Marshall Thomas.
7. Mother's Birthplace, Portsmouth, Virginia
8. Full Name of Father, John A. H. Menger.
9. Father's Occupation, Jeweler.
10. Father's Birthplace, Baltimore, Maryland

Name of Medical Attendant, or other person who makes this Return. J. Whitridge Williams M.D.

Address, 1 E. Pleasant Ave.

Remarks, GIVEN NAME ADDED. 8-17-53 H. W.

8960000006 17

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	January 7, 1896.
4. *Place of Birth, (Street and Number)*	2838 ~~E. B~~ Huntingdon ave.
5. *Full Name of Mother,*	Louisa Hills.
6. *Mother's Maiden Name,*	Brown.
7. *Mother's Birthplace,*	Canada.
8. *Full Name of Father,*	Henry J. Hills.
9. *Father's Occupation*	Lumberman.
10. *Father's Birthplace,*	Canada.
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	

8966000006618

Wm. J. C. Dulany Co., City Printers and Stationers.

Remarks. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Hazel Marie Simpson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ..... first

1. Sex, (state whether male or female) ..... female
2. Race or Color, (if not of the white race) ..... white
3. Date of Birth, ... Jan. 7 1916
4. Place of Birth, (Street and Number) ..... 1421 Hewing pl.
5. Full Name of Mother, ... Marita E Simpson
6. Mother's Maiden Name, ... " " Pettigrew
7. Mother's Birthplace, ... Cambridge Md
8. Full Name of Father, ... Thomas M. Simpson
9. Father's Occupation ..... Laborer
10. Father's Birthplace, ... Phila. Pa.

Name of Medical Attendant, or other person who makes this Return, ... Robt C. E. Leidt M.D.

Address, ... 1458 Division Ave.

Remarks, ...

8 9 6 0 0 0 0 6 1 9

Note. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 7th 1896
4. *Place of Birth, (Street and Number)* 606 Smallwood St.
5. *Full Name of Mother,* Emma V. Kellogg
6. *Mother's Maiden Name,* Emma V. Englehardt
7. *Mother's Birthplace,* Howard Co. Md.
8. *Full Name of Father,* George R. Kellogg
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm E Kelley

Address, 1921 Walbrook Ave

Remarks,

8960000620

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivery month to the office of the Commissioner of Health. In case the birth of any child third day of each and every of a physician or practioner of midwifery, or should no other person or parents, of such shall occur without the attendance of a physician or practioner it shall become the duty of the person or parents, and attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subany such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 7th 1896
4. *Place of Birth, (Street and Number)* 2135 Druid St
5. *Full Name of Mother,* Lena Gaulke
6. *Mother's Maiden Name,* Lena Sley
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Casper Gaulke
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Dr. S. Kelly

Address, 1922 Wilkens Ave

Remarks,

8960000621

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 1 4th 1896
4. Place of Birth, (Street and Number) 663 Valle
5. Full Name of Mother, Edith McGuther
6. Mother's Maiden Name, Edith Davidson
7. Mother's Birthplace, Gloster Virginia
8. Full Name of Father, Nelson McGuther
9. Father's Occupation, Laboring
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Hester Hester

Address, 609 Preston St

Remarks,

8960000622

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 7 A 1896
4. *Place of Birth, (Street and Number)* 219 Dolphin St
5. *Full Name of Mother,* Annie Johnson
6. *Mother's Maiden Name,* Annie Thomas
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Johnson
9. *Father's Occupation,* Musician
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Hester Cotanch

Address, 507 Preston St

Remarks,

8960000623

Wm J C. Dulany Co., City Printers and Stationers.

Number, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, June 1 1896
4. Place of Birth, (Street and Number) 956 Byron St
5. Full Name of Mother, Vera Hu
6. Mother's Maiden Name, Vera Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joe Hu
9. Father's Occupation, Meat Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Walter A Adams

Address, 509 Preston St

Remarks,

8960000624

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 8th 1896
4. *Place of Birth, (Street and Number)* Forsyth St Baltimore Md
5. *Full Name of Mother,* Henrietta Weber
6. *Mother's Maiden Name,* Henrietta Denges
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Jacob Weber
9. *Father's Occupation* Brickyard Worker
10. *Father's Birthplace,* N.Y. City

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8960000625

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 8 1896
4. *Place of Birth, (Street and Number)* Banedict at 1617
5. *Full Name of Mother,* Annie Kucera
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohaimen
8. *Full Name of Father,* Vojteck Kucera
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Bohaimen

Name of Medical Attendant, or other person who makes this Return, Mary Skopitis

Address, N Washington at 205

Remarks,

8960000626

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8 Jan 1896
4. Place of Birth, (Street and Number) 1 Right St.
5. Full Name of Mother, Bette Altschool
6. Mother's Maiden Name, Rosenberg
7. Mother's Birthplace, Russia
8. Full Name of Father, Nathan Altschool
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 49 Altmarket N.

Remarks,

8960000627

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The Health Officer shall cause to be published by the Commissioner of Health, on the first day of each month, a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 6 1896
4. *Place of Birth, (Street and Number)* 136 Pulaski St
5. *Full Name of Mother,* Minnie F. [illegible] Rosenstine
6. *Mother's Maiden Name,* Fannie [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible] Rosenstine
9. *Father's Occupation* Clothing Cutter
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, [illegible]

8960000628

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 4 1896
4. Place of Birth, (Street and Number) Penn st 229
5. Full Name of Mother, Annie Dorsey
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Edward Dorsey
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Skaates

Address, N Washington st 205

Remarks,

8960000629

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9 Jan 1896
4. Place of Birth, (Street and Number) 924 E Baltimore
5. Full Name of Mother, Annie Schlosser
6. Mother's Maiden Name, Prussia
7. Mother's Birthplace, Prussia
8. Full Name of Father, Herman Schlosser
9. Father's Occupation Cloak Manufacturer
10. Father's Birthplace, Prussia

Name of Medical Attendant, or other person who makes this Return, E Ehrman

Address, 72 Aliceanna St

Remarks,

8960000630

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Elmira ~~Isabel~~ Cole

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 9th 1896
4. Place of Birth, (Street and Number) 410 Falls Road, Woodberry
5. Full Name of Mother, Naomi W. Cole
6. Mother's Maiden Name, Naomi W. Cowers
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William F. Cole
9. Father's Occupation, Baker
10. Father's Birthplace, Anne Arundel Co. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. T. Shower, M.D.

Address, 421 Roland Ave. Roslyndale

Remarks,

8766000006311

Wm J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Wht.
3. Date of Birth, Janry. 9/96
4. Place of Birth, (Street and Number) 2503 Francis St.
5. Full Name of Mother, Mrs Jos. Nicholson
6. Mother's Maiden Name, Ida Wickham
7. Mother's Birthplace, Prince Geo. Co. Md.
8. Full Name of Father, Joseph Nicholson
9. Father's Occupation Farmer
10. Father's Birthplace, Prince Geo. Co Md.

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.

Address, 2505 Penna. Ave.

Remarks,

8960000632

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 &c

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 January 1876
4. *Place of Birth, (Street and Number)* 1820 Bank St
5. *Full Name of Mother,* Regene Collens
6. *Mother's Maiden Name,* Regine Reckewcal
7. *Mother's Birthplace,* Baltimor M D
8. *Full Name of Father,* Carls Collens
9. *Father's Occupation* Stockiper
10. *Father's Birthplace,* Baltimor

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington

Remarks,

8960000633

Wm. J. C. Dulany Co., City Printers and Stationers.

births, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said nebehulie shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 10/96
4. Place of Birth, (Street and Number) 205 N. Wolf St.
5. Full Name of Mother, Johanna Bohde Ritter
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. Bohre
9. Father's Occupation Porter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1900 S. Sharp St.

Remarks,

8960000634

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 71779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 10th Jan
4. Place of Birth, (Street and Number) 412, N. Hugh St
5. Full Name of Mother, Louisa Becker
6. Mother's Maiden Name, L. Wagner
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Henry Becker
9. Father's Occupation Bagmaker
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. D. Smith Medwife

Address, 1417 E. Eager St.

Remarks,

8960000635

Wm. J. C. Dulany Co., City Printers and Stationers

...shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 11780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 10 — 1896
4. Place of Birth, (Street and Number) 37 S. Ann St.
5. Full Name of Mother, Lizzie Murry
6. Mother's Maiden Name, Robertson
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, George W. Murry
9. Father's Occupation Car Conductor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8960000636

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 71781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, Jan 10th 1896
4. Place of Birth, (Street and Number) 105 Elm Ave
5. Full Name of Mother, Mary Kelly
6. Mother's Maiden Name, Mary Ruby
7. Mother's Birthplace, Carroll Co. Md.
8. Full Name of Father, Henry Kelly
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto Co. Md.

Name of Medical Attendant, or other person who makes this Return. Wm. H. Fademan M.D.

Address, 102 Chestnut Ave

Remarks,

8960000637

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. B. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 71782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 10 96
4. Place of Birth, (Street and Number) 2205 Wilkins Ave
5. Full Name of Mother, Mary E. Garrett
6. Mother's Maiden Name, " " Gallagher
7. Mother's Birthplace, Baltimore Co Md
8. Full Name of Father, John W. Garrett
9. Father's Occupation Rail Roader
10. Father's Birthplace, Baltimore Co Md

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M D

Address, 811 Jefferson Ave Waverly

Remarks, City

8960000638

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 10 1856
4. Place of Birth, (Street and Number) Taylor at Homestead ave
5. Full Name of Mother, Lizzie Evans
6. Mother's Maiden Name, Wyman
7. Mother's Birthplace, Germany
8. Full Name of Father, Harry Evans
9. Father's Occupation Laborer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 237 Gorsuch Ave

Remarks,

8960000639

Wm. J. C. Dulany Co., City Printers and Stationers.

The sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	January 10, 1896.
4. *Place of Birth, (Street and Number)*	802 East ave.
5. *Full Name of Mother,*	Hannie Pyle.
6. *Mother's Maiden Name,*	Boone.
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Wm Bowie Pyle.
9. *Father's Occupation*	Merchant.
10. *Father's Birthplace,*	Ohio.
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Mitchell M.D.
Address,	291 Chestnut ave.
Remarks,	

8960000640

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 11 - 96
4. Place of Birth, (Street and Number) 331 Filmore St Waverly
5. Full Name of Mother, Annie R Brewer
6. Mother's Maiden Name, " " Clark
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Isaac F Brewer
9. Father's Occupation Fish dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R G Rankin M D

Address, 311 Jefferson Ave Waverly

Remarks, City

8960000641

Wm. J. C. Dulany Co., City Printers and Stationers.

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 9/7/93

RETURN OF A BIRTH. 71786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: MARGARET ~~PROCTOR~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 11th 1896.
4. Place of Birth, (Street and Number) 812. Hopkins Ave
5. Full Name of Mother, Pearl Proctor
6. Mother's Maiden Name, Pearl Snyder
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, William Proctor
9. Father's Occupation, Plasterer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Henry Clymer Hyland M.D.

Address, 1435 N Broadway

Remarks,

Filed: 1896

8 9 6 0 0 0 0 6 4 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71787

GIVEN NAME ADDED 2-26-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Helen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 4 1896
4. *Place of Birth, (Street and Number)* 2024 Christian St
5. *Full Name of Mother,* Bessie Brunswick Rountree
6. *Mother's Maiden Name,* Bessie Brunswick
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Charles Rountree
9. *Father's Occupation* Clothing Cutter
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return,

Address, Ina E Kelly

Remarks, 1922 Wilkens Ave

8960000643

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 11 1896
4. Place of Birth, (Street and Number) Wilcox st 1008
5. Full Name of Mother, Mary Thurke
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Frank Thurke
9. Father's Occupation Shoe Maker
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary A Coates

Address, N Washington st 205

Remarks,

8960000644

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) Dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE AMENDED 4-25-66 OF A BIRTH. 71789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: AUGUSTA PAULINE MANZKA

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 11 1886
4. Place of Birth, (Street and Number) Washington St Homestead not numbered
5. Full Name of Mother, Anna Manzka
6. Mother's Maiden Name, Not Known
7. Mother's Birthplace, Germany
8. Full Name of Father, Albert Manzka
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Agnes Kellbrath

Address, 23 Gasaway Court

Remarks.

1896 0000645

Wm. J. C. Dulany Co., City Printers and Stationers.

...said Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 11 '96
4. Place of Birth, (Street and Number) Md General Hospital
5. Full Name of Mother, Georgiana Woods
6. Mother's Maiden Name, Georgiana Woods.
7. Mother's Birthplace, Md
8. Full Name of Father, unknown
9. Father's Occupation unknown
10. Father's Birthplace, unknown

Name of Medical Attendant, or other person who makes this Return, J. W. Keown Asst.

Address, Md General Hospital

Remarks,

8 9 6 0 0 0 0 6 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

...which have occurred under his or her care during the ... the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 be

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 January 1896
4. Place of Birth, (Street and Number) 1727 Bank St
5. Full Name of Mother, Mary Cevals
6. Mother's Maiden Name, Mary Kreyun
7. Mother's Birthplace, Baltimore MD
8. Full Name of Father, John Cevals
9. Father's Occupation Lauber
10. Father's Birthplace, Baltimor M. D.

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Harrington St

Remarks,

8960000647

Wm. J. C. Dulany Co., City Printers and Stationers

Section 1. Be it ordained by the Mayor and City Council of Baltimore, That it shall be the duty of every physician or practitioner of midwifery, or person who shall have charge of or attend upon any woman during the period of gestation, or at the birth of her child, to ascertain as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 1-9-56

RETURN OF A BIRTH 71792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Delia B. Barry 5th
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 12 1896
4. *Place of Birth, (Street and Number)*	1153 Bowers
5. *Full Name of Mother,*	Maggie Barry
6. *Mother's Maiden Name,*	Maggie Cooney
7. *Mother's Birthplace,*	Balto, Md
8. *Full Name of Father,*	John J Barry
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Balto, Md
Name of Medical Attendant, or other person who makes this Return.	Henry Boyd
Address,	677 Columbia ave
Remarks,	

8960000648

...as the same can be ascertained the full name of each child, (if any shall have been conferred its sex, color the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...J. C. LILLANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 11793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 12 1896
4. Place of Birth, (Street and Number) Kane st 1244
5. Full Name of Mother, Mary Sikora
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Joseph Sikora
9. Father's Occupation Labor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary McGee

Address, N Washington st 20[illegible]

Remarks,

8960000649

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 12 1896
4. *Place of Birth, (Street and Number)* Essex st 2209
5. *Full Name of Mother,* Annie Bolek
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* Charles Bolek
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return. Mary H Yates

Address, N Washington st 205

Remarks,

8960000650

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 12, 1896
4. Place of Birth, (Street and Number) 1723 Point Lane
5. Full Name of Mother, Hattie Wiggins
6. Mother's Maiden Name, Hattie Ehrhart
7. Mother's Birthplace, Maryland
8. Full Name of Father, John H. Wiggins
9. Father's Occupation Electrician
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Guy A. Elwell M.D.

Address, 1741 Hanover

Remarks, 1896000006511

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 13/96
4. *Place of Birth, (Street and Number)* 516 S. Patt. Park Ave.
5. *Full Name of Mother,* Lina Auerbein
6. *Mother's Maiden Name,* Wolf
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Joseph Auerbein
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 200 S. Sharp St.

Remarks,

8960000652

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-5-59

RETURN OF A BIRTH. 71797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Evelyn Olivia Jones

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 13th 1926.
4. Place of Birth, (Street and Number) 1120 Druid Hill Ave
5. Full Name of Mother, Grace E. Jones
6. Mother's Maiden Name, Grace E. Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George W. Jones
9. Father's Occupation Hardwood Finisher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. E. Kelly

Address, 1922 Hilton Ave

Remarks,

8960000653

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/1898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 13th 1896
4. Place of Birth, (Street and Number) 1813 N Wilkens St
5. Full Name of Mother, Anna Simpson
6. Mother's Maiden Name, Anna Beigel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William J Simpson
9. Father's Occupation Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Chas S Keller

Remarks, 1922 N Wilkens Ave

18960000654

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 71799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 11/96
4. *Place of Birth, (Street and Number)*	209 N. Chicken Av
5. *Full Name of Mother,*	Annie Emory
6. *Mother's Maiden Name,*	Annie Ford
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Marion Emory
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	F. O. Shinn M.D.
Address,	
Remarks,	

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1896U000655

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 71800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 13/96
4. Place of Birth, (Street and Number) 319 S. Chapel Str.
5. Full Name of Mother, Mary Mauer
6. Mother's Maiden Name, " Schulz
7. Mother's Birthplace, Balto.
8. Full Name of Father, Nikolaus Mauer
9. Father's Occupation Cooper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1201 S. Sharp St.

Remarks,

8 7 6 0 0 0 0 6 5 6

Wm. J. C. Dulany Co., City Printers and Stationers.

...sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 13 1856
4. Place of Birth, (Street and Number) 410 Jefferson st Howard Co Md
5. Full Name of Mother, Mollie Connell
6. Mother's Maiden Name, — McDonald
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick Connell
9. Father's Occupation Stone Cutter
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, H. Young M.D.

Address, 237 Gusdorf Alley

Remarks,

8960000657

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 14/96
4. *Place of Birth, (Street and Number)*	1625 Baker St.
5. *Full Name of Mother,*	Maggie Fran Smith
6. *Mother's Maiden Name,*	Moore
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	J. Paul Smith
9. *Father's Occupation*	Painter
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	J. H. Cleinhaus M.D.
Address,	1801 Madison Ave.
Remarks,	

18960000658

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 14 1896
4. Place of Birth, (Street and Number) 1519 E. Lombert
5. Full Name of Mother, Sara Weiker
6. Mother's Maiden Name, Bates
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Weiker
9. Father's Occupation Coach Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address 1427 E. Pratt St.

Remarks,

18960000659

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 14th 1896
4. Place of Birth, (Street and Number) (736 W. Franklin St
5. Full Name of Mother, Sophia K. Burman
6. Mother's Maiden Name, Sophia K. Amrhein
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry E. Burman
9. Father's Occupation, Hat Manufacturing
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, James E. Stilling M.D.

Address, 508 N. Fremont ave

Remarks,

1896 0 0 0 0 6 6 0

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: J. Henry Miller

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, ~~&c.~~)

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, Jan 14/96
4. Place of Birth, (Street and Number) 1515 E. Monument
5. Full Name of Mother, Isabella Miller
6. Mother's Maiden Name, Snope
7. Mother's Birthplace, Balto Md
8. Full Name of Father, J. Hy. Miller
9. Father's Occupation, Builder & Contractor
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8960000661

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 14, 1896.
4. Place of Birth, (Street and Number) 109 Baldwin St.
5. Full Name of Mother, Eleanora Bollinger.
6. Mother's Maiden Name, Shaffer.
7. Mother's Birthplace, Md.
8. Full Name of Father, John E. Bollinger.
9. Father's Occupation Laborer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this return. Calvin A. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8960000662

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 14 1896
4. Place of Birth, (Street and Number) Chapple st 223
5. Full Name of Mother, Maggie Frank
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Frank
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kapts

Address, S Washington st 205

Remarks,

8960000663

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 14 1896
4. *Place of Birth, (Street and Number)* Bond at 833
5. *Full Name of Mother,* Mary Protan
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohaimey
8. *Full Name of Father,* Matechi Protan
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Bohaimen

Name of Medical Attendant, or other person who makes this Return, Mary Kahle

Address, N Washington st 205

Remarks,

1 8 9 6 0 0 0 0 6 6 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 11, 1896
4. *Place of Birth, (Street and Number)* 524 S. Caroline St
5. *Full Name of Mother,* Rebecca Levenson
6. *Mother's Maiden Name,* Rebecca Sager
7. *Mother's Birthplace,* Brody Austria
8. *Full Name of Father,* Morris Levenson
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace,* Berdyczow, Russia

Name of Medical Attendant, or other person who makes this Return, Ida Pollack M. D.

Address, 112 Eutaw St, North.

Remarks,

8960000665

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 7180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, 15th Jan.

4. Place of Birth, (Street and Number) 1621 St. Joseph Av.

5. Full Name of Mother, Florence Kerr.

6. Mother's Maiden Name, Florence Adams.

7. Mother's Birthplace, Baltimore md.

8. Full Name of Father, John Kerr

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs J Birch Midwife

Address, 1417 E. Eager St.

Remarks, 8960000666

said schedule shall be delivered, duly signed by the parent, guardian or occupier of the house in which such birth shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 15th Jan
4. *Place of Birth, (Street and Number)* 103 Hopkins Ave
5. *Full Name of Mother,* Augusta Bayne
6. *Mother's Maiden Name,* A. Bahs
7. *Mother's Birthplace,* Baltimore md.
8. *Full Name of Father,* George E. Bayne.
9. *Father's Occupation* Blacksmith.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. A. Bahs Midwife

Address, 1417 E. Eager St

Remarks,

8960000667

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 15/96
4. Place of Birth, (Street and Number) 326 S. Spring St.
5. Full Name of Mother, Christina Weisheer
6. Mother's Maiden Name, Nesler
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Weisheer
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1200 S. Sharp St.

Remarks,

8960000668

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 15/96.
4. Place of Birth, (Street and Number) 510 N. Washington St.
5. Full Name of Mother, Annie Weber
6. Mother's Maiden Name, " Jenkins
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles Weber
9. Father's Occupation Cigarmaker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Geigenhofer

Address, 1200 S. Sharp St.

Remarks,

8960000669

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th "

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, June 15

4. Place of Birth, (Street and Number) 1506 Holiday St

5. Full Name of Mother, Mrs Elizabeth Mrs Stuzbe Lunst

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Balto

8. Full Name of Father, Mr Stuzbe Lunst

9. Father's Occupation Clerk

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, E. E. Williams

Address, Lunacy Bypass

Remarks,

8960000670

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71815

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Jan 15 1896
4. *Place of Birth, (Street and Number)* 675 Columbia ave
5. *Full Name of Mother,* Lizzie Meeks
6. *Mother's Maiden Name,* Murphy
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas Meeks
9. *Father's Occupation* upholsterer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Leo R Chatham

Address,

Remarks,

8960000671

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* January 15th 1916
4. *Place of Birth, (Street and Number)* 11 Green St
5. *Full Name of Mother,* Lena Shivers
6. *Mother's Maiden Name,* Lena Short
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick Shivers
9. *Father's Occupation* Stock Salesman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Chas S Keller

Remarks, 1922 Linden Ave

8960000672

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of said wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* January 15, 1896.
4. *Place of Birth, (Street and Number)* 513 Oliver Place.
5. *Full Name of Mother,* Jennie Smart.
6. *Mother's Maiden Name,* Mallhews.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* David C. Smart.
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Cleveland ave.

Remarks,

8960000673

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 7818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) white
3. Date of Birth, Jan 15th 1896
4. Place of Birth, (Street and Number) 321 Huntingdon Ave
5. Full Name of Mother, ~~Bessie~~ Elizabeth R. Kimble
6. Mother's Maiden Name, ~~Bessie~~ Elizabeth R. Webster
7. Mother's Birthplace, Carroll Co. Md.
8. Full Name of Father, W. D. Kimble
9. Father's Occupation, Drives Express wagon
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return. Wm H. Freeman

Address, 102 Chestnut Ave

Remarks,

8960000674

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. O. SULLAVY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 71819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, Jan. 16, 1896.
4. Place of Birth, (Street and Number) 1832 Brager Alley
5. Full Name of Mother, Mrs. Mary Johnson
6. Mother's Maiden Name, Mary Thomas
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Albert Johnson
9. Father's Occupation Hod Carrier
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr Brown A B M D.

Address, Md Gen'l Hospital

Remarks,

8960000675

Wm. J. C. Dulany Co., City Printers and Stationers.

shall be delivered, duly signed by the practitioner in the form of a certificate, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 16 - 1896
4. Place of Birth, (Street and Number) 1503 N. Stricker St
5. Full Name of Mother, Lillie Bell Martin
6. Mother's Maiden Name, Kelley
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Lawrence F. Martin
9. Father's Occupation Mantel Setter
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs. M. J. Shockney

Remarks, 731 Cumberland St

8960000006 76

Each Return of Birth shall state the sex, color, the full name and occupation of its parents, the date and place of birth; and the full name of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 71831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan. 16 1896
4. Place of Birth, (Street and Number) 1117 Shields alley City
5. Full Name of Mother, Jennie Jennison
6. Mother's Maiden Name, Ida Virginia Jones
7. Mother's Birthplace, Cashaw St City
8. Full Name of Father, William Henry Jennison
9. Father's Occupation Driver of team
10. Father's Birthplace, Howard County.

Name of Medical Attendant, or other person who makes this Return, Dr Rowe 413 Md

Address, Md Gen'l Hop.

Remarks,

8460000677

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

over

RETURN OF A BIRTH. 71822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Thomas ~~Raymond~~ MacDonald

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 16, 1926
4. *Place of Birth, (Street and Number)* Wilmington Ave. (No number)
5. *Full Name of Mother,* Nellie (McDonald) MacDonald
6. *Mother's Maiden Name,* Nellie Ritz
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* John T. (McDonald) MacDonald
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Geo. H. Abell M.D.

Address, 1141 Hollins Ave

Remarks,

B 9 6 0 0 0 0 6 7 8

The certificate shall be delivered, duly signed by the practitioner in the form, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 Jan 1896.
4. *Place of Birth, (Street and Number)* 1116 Eutaw St.
5. *Full Name of Mother,* Dena Miller.
6. *Mother's Maiden Name,* Miller
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Hyam Miller
9. *Father's Occupation* Pedlar.
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Silverman

Address, 42 Clinton St. W

Remarks,

8960000679

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, 6 Jan 1876
4. Place of Birth, (Street and Number) 702 Bank St.
5. Full Name of Mother, Mary Brown
6. Mother's Maiden Name, Kubis
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Brown
9. Father's Occupation Restaurant
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, E Schuerman

Address, 42 Altamont St

Remarks,

8960000680

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 71825

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 16 1896
4. *Place of Birth, (Street and Number)* Rear at 708
5. *Full Name of Mother,* Mary Grille
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Grille
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Hapstie

Address, N Washington st 705

Remarks,

8960000681

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child. John P. Harper

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 17 — 1896
4. Place of Birth, (Street and Number) 1517 Aliceanna St.
5. Full Name of Mother, Ellen Harper
6. Mother's Maiden Name, Lannan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James R. Harper
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8960000682

Wm. C. Dulany Co., City Printers and Stationers.

The Certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 January 1916
4. *Place of Birth, (Street and Number)* 2012 Pleasant Ave
5. *Full Name of Mother,* Henriette Abart
6. *Mother's Maiden Name,* Henriette Schaffer
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John A Abart
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

8960000006683

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 17 January
4. *Place of Birth, (Street and Number)* 1224 Wilcox st
5. *Full Name of Mother,* Catina Schreiber
6. *Mother's Maiden Name,* = Wilhelm
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Joseph Schreiber
9. *Father's Occupation* Brick-layer
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N. Central Ave.

Remarks,

8960000006844

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 17th 1896
4. *Place of Birth, (Street and Number)* 208 Vincent Place
5. *Full Name of Mother,* Elizabeth Hayes
6. *Mother's Maiden Name,* Elizabeth Fitzpatrick
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Hayes
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. E. Keller

Address, 1122 Hillen Ave

Remarks,

8960000006685

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 7-23-57

RETURN OF A BIRTH. 7/1830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Caroline Roth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* fml
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 17 January 1896
4. *Place of Birth, (Street and Number)* 1324 Laurel St
5. *Full Name of Mother,* Marie Roth
6. *Mother's Maiden Name,* Rabelina
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Ferdinand Roth
9. *Father's Occupation* +
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 North Central Av.

Remarks,

8960000686

Wm. J. C. Dulany Co., City Printers and Stationers.

...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IX

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 17 98
4. *Place of Birth, (Street and Number)* 231 S. Chester St.
5. *Full Name of Mother,* Louisa Spindler
6. *Mother's Maiden Name,* Fleischman
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Geo. Spindler
9. *Father's Occupation* Storekeeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 200 S. Sharp St.

Remarks,

8960000687

Wm. J. C. Dulany Co., City Printers and Stationers.

by the practitioner in the form of a certificate between the first and
office of the Commissioner of Health. In case the birth of any child
sician or practioner of midwifery, or should no other person be in
hereafter it shall become the duty of the person or parents of such
of Health, in the manner and within the period above required, and
er fail to comply with the provisions of this section shall be sub-
ffence, to be recovered as other fines and forfeitures are recoverable.
shall be delivered, duly signed by the
third day of each and every month to the office of
shall occur without the attendance of a physician
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Health
any such person or persons who shall hereafter fail
jected to the fine of ten (10) dollars for each offence,

71832 RETURN OF A BIR

To the Office of Registrar of Vital Statistics, Board of Heal

Carrie Margret Wildberger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 17 1915

4. Place of Birth, (Street and Number) 127 Gosnell

5. Full Name of Mother, Lena Wildberger

6. Mother's Maiden Name, Arnol

7. Mother's Birthplace, New York

8. Full Name of Father, Frederick Wil

9. Father's Occupation, Blacksmi

10. Father's Birthplace, Ind

Name of Medical Attendant, or other person who makes this Return,

Address, 237 Gosnell

Remarks,

0760000688

Every person practicing midwifery in the City of ... shall hereafter take place, shall keep a true and correct ... schedule, to be furnished under his or her care during the ... which have occurred under his or her care during the ... ined the full name of each child, (if any shall have ... of its parents, the date and place of birth; and the ... ner in the form of a certificate between the first and ... missioner of Health. In case the birth of any child ... been conferred) its sex, color, the full name and occupation of its ... month, and shall set forth as far as the same can be ascertained the ... said schedule shall be delivered, duly signed by the practitioner in ... third day of each and every month to the office of the Commissio... shall occur without the attendance of a physician or practioner of ... attendance upon the mother, immediately thereafter it shall becom... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 71833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (State whether male or female) ~~Female~~ male
2. Race or color, (if not of the white race) white
3. Date of Birth, Jan 17th 1896
4. Place of Birth, (Street and Number) 198 Cedar Ave
5. Full Name of Mother, Carrie M Dandy
6. Mother's Maiden Name, " " Eblaugh
7. Mother's Birthplace, Maryland
8. Full Name of Father, V. W. Dandy
9. Father's Occupation, Rail-Road batteman
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Wm A. Fortneman M. D.

Address, 102 Chalmut Ave

Remarks,

8960000689

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

O. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 71834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 17 1896
4. *Place of Birth, (Street and Number)* 616 E. Bethel St.
5. *Full Name of Mother,* Magdalena Walter
6. *Mother's Maiden Name,* Schütz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Walter
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant or other person who makes this Return, Mary Stein

Address 1427 E. Fratt St.

Remarks,

1896 00000690

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 17 1895
4. Place of Birth, (Street and Number) Chapple st 118
5. Full Name of Mother, Catherine Baumaner
6. Mother's Maiden Name,
7. Mother's Birthplace, Germen
8. Full Name of Father, John Baumaner
9. Father's Occupation Labor
10. Father's Birthplace, Germen

Name of Medical Attendant, or other person who makes this Return, Mary Hopkins

Address, N Washington st 205

Remarks,

8960000691

Wm. J. C. Dulany Co., City Printers and Stationers.

The certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1111

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 16 96
4. Place of Birth, (Street and Number) 2115 Jefferson Str.
5. Full Name of Mother, Maggie Krebs
6. Mother's Maiden Name, " Goebel
7. Mother's Birthplace, Balto.
8. Full Name of Father, Lorenz Krebs
9. Father's Occupation Baker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1200 S. Sharp Str.

Remarks,

8960000692

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71837

CERTIFICATE CORRECTED 2/2/6

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Joseph Edwin Burns

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 18/96
4. *Place of Birth, (Street and Number)* 32 S. Bond St.
5. *Full Name of Mother,* [redacted] Burns, LULA V.
6. *Mother's Maiden Name,* LULA [redacted] V. HICKMAN
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Geo. Burns
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1200 S. Sharp St.

Remarks,

1896000006 93

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 nd
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 11 " 1896
4. *Place of Birth, (Street and Number)*	1005 W Baltimore St
5. *Full Name of Mother,*	Amelia Rosenthal
6. *Mother's Maiden Name,*	Erbe
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Richard Rosenthal
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Leo Rhahan MD
Address,	125 Columbia ave
Remarks,	

8960000694

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) M
2. Race or Color, (if not of the white race)
3. Date of Birth, Jany 18. 96
4. Place of Birth, (Street and Number) 909 N Charles st
5. Full Name of Mother, Lelia St Clair Gordon
6. Mother's Maiden Name, " " Montagu
7. Mother's Birthplace, Balto;
8. Full Name of Father, Basil B Gordon
9. Father's Occupation Capitolist
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, J. M. Hundley

Address, 1004 St Paul

Remarks,

8960000695

The schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 18 — 1896
4. Place of Birth, (Street and Number) 404 S. Eden St.
5. Full Name of Mother, Anna Smith
6. Mother's Maiden Name, Katlick
7. Mother's Birthplace, Germany
8. Full Name of Father, Peter Smith
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960000696

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jun 11 1926
4. Place of Birth, (Street and Number) 857 Forrester St
5. Full Name of Mother, Annie Cook
6. Mother's Maiden Name, Annie Silex
7. Mother's Birthplace, Eastern Shore
8. Full Name of Father, John Cook
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Hester Evans

Address, 909 Preston St

Remarks,

8966 0000697

Wm J C. Dulany Co., City Printers and Stationers.

When any of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* January 18, 1896.
4. *Place of Birth, (Street and Number)* 1814 Russell terrace.
5. *Full Name of Mother,* Mary Elizabeth Green
6. *Mother's Maiden Name,* " " Baker
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* William Henry Green
9. *Father's Occupation* Ford Carrier
10. *Father's Birthplace,* Howard Co. Md.

Name of Medical Attendant, or other person who makes this Return, R. A. Fielder.

Address, 1122 N. Mount St.

Remarks,

8960000006998

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71843

CERTIFICATE CORRECTED 2-10-65

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Olga Joanne ~~Shaum~~

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 18/96 1896
4. Place of Birth, (Street and Number) 311 S. Carolina St.
5. Full Name of Mother, Mary (~~Shaum~~) Shaum
6. Mother's Maiden Name, n Straub
7. Mother's Birthplace, Germany
8. Full Name of Father, David (~~Shaum~~) Shaum
9. Father's Occupation Laborer
10. Father's Birthplace, Frederick - Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deigenhofer

Address, 120 S. Sharp St.

Remarks,

8960000699

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Femal
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11 January 1876
4. *Place of Birth, (Street and Number)* 324 Caroline
5. *Full Name of Mother,* Mary Walsh
6. *Mother's Maiden Name,* Mary McNil
7. *Mother's Birthplace,* Baltimor MD
8. *Full Name of Father,* John Walsh
9. *Father's Occupation* Lamber
10. *Father's Birthplace,* Baltimor MD

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S. Warrington St

Remarks,

8960000700

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 19 — 1896
4. Place of Birth, (Street and Number) 1927 Alice Ann
5. Full Name of Mother, Louise Graff
6. Mother's Maiden Name, Kiener
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Philip Graff
9. Father's Occupation Varnischer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8960000701

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Jan 19 1896
4. *Place of Birth, (Street and Number)* #1806 Bradish Ave.
5. *Full Name of Mother,* Mary E. George.
6. *Mother's Maiden Name,* " " Murphy.
7. *Mother's Birthplace,* Baltimore City.
8. *Full Name of Father,* Chas. A. George
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore City.

Name of Medical Attendant, or other person who makes this Return, G. L. Jannick Md.

Address, #304 Rayner Ave

Remarks, This was a case of Dr. Jannick's assistant a very difficult labor completed by retained placenta with [illegible]

Wm. J. C. Dulany Co., City Printers and Stationers.

1896000702

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Joseph Edward Krout

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 1st
4. Place of Birth, (Street and Number) 1630 E Chase st
5. Full Name of Mother, Annie E. Krout
6. Mother's Maiden Name, (Alberis) Alberii
7. Mother's Birthplace, Balto
8. Full Name of Father, Adam E. Krout
9. Father's Occupation, Butcher
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, 944 E Bay st

Remarks,

8960000703

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7184 8

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored race
3. Date of Birth, Jan 9th 1896
4. Place of Birth, (Street and Number) 622 N. Durham St. Baltimore Md.
5. Full Name of Mother, Martha Lumpkins
6. Mother's Maiden Name, Martha Smith
7. Mother's Birthplace, Somerset County Md.
8. Full Name of Father, Albert Lumpkins
9. Father's Occupation Laborer
10. Father's Birthplace, Roanoak Va.

Name of Medical Attendant, or other person who makes this Return, Georgianna Brooks

Address 1757 E. Mulliken St.

Remarks, No remarks

8960000704

Wm. J. C. Dulany Co., City Printers and Stationers.

Said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 1849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth One

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Jan 19th 1896
4. *Place of Birth (Street and Number),* 1801 Wolfhan Place
5. *Full Name of Mother,* Sophia Myers
6. *Mother's Maiden Name,* Sophia Dilks
7. *Mother's Birthplace,* Williamsport Pa
8. *Full Name of Father,* Chas A Myers
9. *Father's Occupation,* Laber
10. *Father's Birthplace,* Easton Md

Name of Medical Attendant, or other person who makes this Return. Mrs E Donaldson

Address, 1714 Light St

Remarks, Doing Well up to Date

8760000705

more Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 71850

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 Jan 1896
4. *Place of Birth, (Street and Number)* 172 N Fremont St.
5. *Full Name of Mother,* Carrie Kaminsky
6. *Mother's Maiden Name,* Klasnes
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Davis Kaminsky
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. G. Stevenson

Address, 42 E Lexington St

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960000706

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 71851

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 19th 1896
4. Place of Birth, (Street and Number) 1404 E Fayette St
5. Full Name of Mother, Jennie Schloss
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, Michael Schloss
9. Father's Occupation, Barber
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, H Pollack MD

Address, 1112 Eutaw St. North.

Remarks,

8960000707

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. BULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 7/852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 19 1896
4. *Place of Birth, (Street and Number)* Burke st 226
5. *Full Name of Mother,* Mary purbln
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* John purbln
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Krapts

Address, N Washington st 200

Remarks,

8960000708

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 19 — 96
4. Place of Birth, (Street and Number) Md Genl Hospital
5. Full Name of Mother, Mary Huston
6. Mother's Maiden Name, same
7. Mother's Birthplace, Md
8. Full Name of Father, Unknown
9. Father's Occupation —
10. Father's Birthplace, —

Name of Medical Attendant or other person who makes this Return Dr Keown AB MD

Address, Md Genl Hospital.

Remarks,

8 7 0 0 0 0 0 7 0 9

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 3-15-60

RETURN OF A BIRTH. 71854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Grace Louise ~~Bauer~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 20th 1896
4. Place of Birth, (Street and Number) 1434 W. Baltimore St.
5. Full Name of Mother, Grace L. Bauer
6. Mother's Maiden Name, Hess
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, (Conrad) Bauer
9. Father's Occupation Furniture Dealer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, John Koff M.D.
Asst Resident Acc

Address,

Remarks,

8960000710

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7185-81

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 20 1896
4. *Place of Birth, (Street and Number)* 465 Druid St
5. *Full Name of Mother,* Ingui Tolen
6. *Mother's Maiden Name,* Indiqui Ewing
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Howard L Tolen
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Jno E Kelley

Address, 1922 Willade Ave

Remarks,

8960000711

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 71886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jany 20 1896.

4. Place of Birth, (Street and Number) 511 Mosher St

5. Full Name of Mother, Lizzie Fenzel

6. Mother's Maiden Name, Lizzie Grigenhefer

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Frank Fenzel

9. Father's Occupation, Dry goods Merchant

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who make this Return James Bacon M.D

Address, 523 Mosher St

Remarks,

8960000712

...., CITY PRINTERS AND STATIONERS.

certificate, between the first and third day of each and every month to the Board of Health. In case the ... attendance of a physician, or of a practitioner of midwifery, or ... immediately thereafter, it shall then become the ... mother, immediately thereafter, it shall then become the ... Board of Health, in the manner, and ... to report its birth to the Board of Health, in the manner, and ... cases of the births and deaths of illegitimate children, and ... with the provisions of this section shall be subject ... hereafter fail to comply with the provisions of this section shall be subject ... recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 71857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Negro (Mulatto)
3. Date of Birth, January 20th 1896
4. Place of Birth, (Street and Number) 926 N Donaldson St
5. Full Name of Mother, Minnie L. Griffin
6. Mother's Maiden Name Minnie L Hunt
7. Mother's Birthplace, Maryland
8. Full Name of Father, John T. Griffin
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, James E. Dilling M.D

Address, 538 N. Fremont ave

Remarks,

8960000713

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 71858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 20 1896
4. *Place of Birth, (Street and Number)* 203 S. Chester
5. *Full Name of Mother,* Elizabeth A. Harp
6. *Mother's Maiden Name,* Jones
7. *Mother's Birthplace,* Talbot Co, Md.
8. *Full Name of Father,* Nicholas L. Harp.
9. *Father's Occupation* Steam Engineer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, E. L. Jones M.D.

Address, 1835 E. Baltimore St.

Remarks,

8960000714

Wm. J. C. Dulany Co., City Printers and Stationers.

All births shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 Jan 1896
4. *Place of Birth, (Street and Number)* 122 Aisenacht St.
5. *Full Name of Mother,* Lena Lerner Heil
6. *Mother's Maiden Name,* Pantelewitz
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Benjamin Lerner Heil
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, G. Schussman

Address, 42 Aisenacht St.

Remarks,

8960000715

Wm. J. C. Dulany Co., City Printers and Stationers.

The Return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-28-58

RETURN OF A BIRTH. 11860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Catherine Sullivan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 20 th 1896
4. Place of Birth, (Street and Number) 336 Bank St
5. Full Name of Mother, Mary (Sullivan) Sullivan
6. Mother's Maiden Name, Mary Donnelly
7. Mother's Birthplace, Ireland
8. Full Name of Father, John (Sullivan) Sullivan
9. Father's Occupation Pile Driver
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Jno E Kelly

Address, 932 Hillsdale Ave

Remarks,

8960000716

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* Jan. 21, 1896
4. *Place of Birth, (Street and Number)* 916 Wales Court
5. *Full Name of Mother,* Miss Lizzie Jones
6. *Mother's Maiden Name,* Miss Lizzie Jones
7. *Mother's Birthplace,* Orchard St. Balt. Md.
8. *Full Name of Father,* Richard Young
9. *Father's Occupation* Oyster opener
10. *Father's Birthplace,* 933 Hanover Lane Balt. Md.

Name of Medical Attendant, or other person who makes this Return, D. O'Keeon A.B. M.D.

Address, Md General Hospital

Remarks,

8960000717

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 21st 1896
4. Place of Birth, (Street and Number) 1031 S. Paca St.
5. Full Name of Mother, Mary Bissett
6. Mother's Maiden Name, Carey
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George Bissett
9. Father's Occupation Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, John Ruff M.D.

Address, Fort Hamilton Ave

Remarks,

8960000718

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 21st Jan
4. Place of Birth, (Street and Number) 1919 Sherwood Av
5. Full Name of Mother, Annie E Whelan
6. Mother's Maiden Name, " " Payton
7. Mother's Birthplace, Balto
8. Full Name of Father, Louis B. Whelan
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, 944 N Gay st

Remarks,

8960000719

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 January 1896
4. *Place of Birth, (Street and Number)* 407 Central av
5. *Full Name of Mother,* Laura Pedersen
6. *Mother's Maiden Name,* Laura Jens
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Peter Pederson
9. *Father's Occupation* Mariner
10. *Father's Birthplace,* Denmark Europe

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

1896000007 20

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 21 Jan
4. Place of Birth, (Street and Number) 1003 Wallbrook St.
5. Full Name of Mother, Ellen Conaway
6. Mother's Maiden Name, Ellen Keating
7. Mother's Birthplace, Baltimore Co.
8. Full Name of Father, Thomas Conaway
9. Father's Occupation Dock
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. J Quirk Medwife

Address, 1417 E Eager St.

Remarks,

8960000721

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-20-57

RETURN OF A BIRTH. 71866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Martenek

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 21 1896
4. Place of Birth, (Street and Number) Badger Place 218
5. Full Name of Mother, Barbara Martenek
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Frank Martenek
9. Father's Occupation Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Baptie

Address, N Washington st 205

Remarks,

1896000722

Wm. J. C. Dulany Co., City Printers and Stationers.

day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 5-1-63

RETURN OF A BIRTH. 7867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ida Greenfeld

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Balto. Jan 21/96
4. Place of Birth, (Street and Number) 414 Sharp Street Balto. Md
5. Full Name of Mother, Katie Greenfeld
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, Isaac Greenfeld
9. Father's Occupation Brewery Worker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Barber

Address, 41 E. York Street Balto

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recover

8466000723

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race) W
3. Date of Birth, 27 January
4. Place of Birth, (Street and Number) 843 E Eden st
5. Full Name of Mother, Marie Thenebel
6. Mother's Maiden Name, Keller
7. Mother's Birthplace, Germanie
8. Full Name of Father, Karl Thenebel
9. Father's Occupation machinist
10. Father's Birthplace, Germanie

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 Lath Central Av.

Remarks,

1896 00007 24

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall occur without the attendance of a physician or practitioner of Midwifery. In case the birth of any child shall occur without the attendance upon the mother, immediately thereafter, it shall become the duty of the person in attendance upon the mother, immediately thereafter to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Colored Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 21 Jan 1896
4. *Place of Birth, (Street and Number)* 825 Howard St
5. *Full Name of Mother,* Maggie Tucker
6. *Mother's Maiden Name,* Un known
7. *Mother's Birthplace,* Howard County
8. *Full Name of Father,* Lucas Tucker
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* St George's Bath & C

Name of Medical Attendant, or other person who makes this Return, Hester Coleman

Address, 709 Preston St

Remarks,

18960000725

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/1870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 22 1896
4. Place of Birth, (Street and Number) 44 S Fifth st
5. Full Name of Mother, Mary Ellen Davis
6. Mother's Maiden Name, French
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Richard Davis
9. Father's Occupation Stone Cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Martha E King 1545 Richard ave Hampden City

Remarks,

8960000726

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Jan 22 1896

4. Place of Birth, (Street and Number) 126 S. Dallas St.

5. Full Name of Mother, Alice Washington

6. Mother's Maiden Name, Lamon

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Lenord Washington

9. Father's Occupation Laborer

10. Father's Birthplace, St. Mary County Md

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

shall occur without the attendance of a physician or practioner of midwifery. In case the birth of any child shall occur upon the mother, immediately thereafter it shall become the duty of the person in attendance upon the mother, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

8960000727

RETURN OF A BIRTH 71872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1905 Fredk. Ave.
4. *Place of Birth, (Street and Number)*	Jan. 22, 1896
5. *Full Name of Mother,*	Agnes M. Graham
6. *Mother's Maiden Name,*	Shipley
7. *Mother's Birthplace,*	City
8. *Full Name of Father,*	Walter E. Graham
9. *Father's Occupation,*	Stonecutter
10. *Father's Birthplace,*	Westmoreland Co., Pa.
Name of Medical Attendant, or other person who makes this Return,	John Hood M.D.
Address,	16 S. Gilmor St.
Remarks,	very large child, — 22½ in long.

8960000728

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 71873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 22 January
4. Place of Birth, (Street and Number) 1821 Eaton St.
5. Full Name of Mother, Maria Anna Thaas
6. Mother's Maiden Name, = Siegriest
7. Mother's Birthplace, Balt.
8. Full Name of Father, Franck Thaas
9. Father's Occupation =
10. Father's Birthplace, Germanie

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 918 N. Central Av.

Remarks,

8960000729

Wm. J. C. Dulany Co., City Printers and Stationers.

...day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* fiel
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* 22 January
4. *Place of Birth, (Street and Number)* 154 Joseph St.
5. *Full Name of Mother,* Marie Steinlein
6. *Mother's Maiden Name,* Sebald
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* John Steinlein
9. *Father's Occupation* —
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N. Ambrose Av.

Remarks, /

8960000730

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 20 1921
4. *Place of Birth, (Street and Number)* 624 Aisquith St
5. *Full Name of Mother,* Carrie Ella Bell
6. *Mother's Maiden Name,* Carrie E Ellis
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Lee Bell
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, M. Antje Lorenzen

Address, 624 Aisquith St Baltimore Md

Remarks,

8960000731

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall refuse or neglect to make the return required by this section, or who shall refuse or neglect to procure the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male — Howard Cross
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 22/ 26
4. Place of Birth, (Street and Number) Jan 22nd
5. Full Name of Mother, Blanche F. Cross.
6. Mother's Maiden Name, Blanche E. Duff.
7. Mother's Birthplace, Md.
8. Full Name of Father, L. Duff. Cross
9. Father's Occupation Chemical Expert
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. J. Whitridge Williams

Address, 345 Park Ave

Remarks, Full name of child added by aunt when applying for a transcript July 5-1929 Mrs DW H Boone Aunt

8 9 6 0 0 0 7 3 2

J.E Wehrl - Birth Index Clerk.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...that they or each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 22 — 1896
4. Place of Birth, (Street and Number) 1514 Belair Ave.
5. Full Name of Mother, Kunigunde Kaeler
6. Mother's Maiden Name, Distler
7. Mother's Birthplace, Germany
8. Full Name of Father, John Kaelk
9. Father's Occupation Beer Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address 1429 E. Pratt St.

Remarks,

8960000733

Wm. C. Dulany Co., City Printers and Stationers.

This Return must be made every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 22 1876
4. *Place of Birth, (Street and Number)* Jefferson st 1767
5. *Full Name of Mother,* Mary E Shave
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* John Shave
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Hopton

Address, N Washington st 205

Remarks,

8960000734

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 22d Jan
4. *Place of Birth, (Street and Number)* 1015 Sterling St
5. *Full Name of Mother,* Alice Vorher
6. *Mother's Maiden Name,* Alice Kelly
7. *Mother's Birthplace,* Baltimore Co.
8. *Full Name of Father,* James Vorher
9. *Father's Occupation* Housecarter
10. *Father's Birthplace,* Ireland.

Name of Medical Attendant, or other person who makes this Return, Wm J Linthicum

Address, 917 E. Eager St.

Remarks,

1896000007 35

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED, 3-8-65

RETURN OF A BIRTH. 1880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Celia Cohen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 Jan 1896
4. Place of Birth, (Street and Number) 624 E Lombard St.
5. Full Name of Mother, Fillis Cohen
6. Mother's Maiden Name, Klagman
7. Mother's Birthplace, Russia
8. Full Name of Father, Charles Cohen
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E Schwarzman

Address, 42 Aisquith St

Remarks,

shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the Commissioner of Health to cause the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960000736

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 71881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 January
4. *Place of Birth, (Street and Number)* S. Bond Ste 833
5. *Full Name of Mother,* Mary Urbanskey
6. *Mother's Maiden Name,* Koparuska
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Petr Urbanskey
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return,

Address, S. Bond Ste 838

Remarks, Mary Bretl

8 9 6 0 0 0 0 7 3 7

Wm. J. C. Dulany Co., City Printers and Stationers.

...this day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 23, 1896
4. Place of Birth, (Street and Number) 1324 Goodyear St.
5. Full Name of Mother, Jane Anne Howe
6. Mother's Maiden Name, Jane Anne Harrison
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Joseph Franklin Howe
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R L Caitlin MD

Address, 1122 N Mount St

Remarks, It was impossible to ascertain father's occupation & birthplace any sooner

8760007 38

Wm. J. C. Dulany Co., City Printers and Stationers

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 23. Jan
4. *Place of Birth, (Street and Number)* 417 N. High St.
5. *Full Name of Mother,* Amelia Becher.
6. *Mother's Maiden Name,* Amelia Knoop.
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Louis H. Becher.
9. *Father's Occupation* Box Manufacturer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Zurik Midwife

Address, 1710 E. Eager St.

Remarks,

8 9 6 0 0 0 0 7 3 9

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3 *Date of Birth,* 23d Jan 1896

4.. *Place of Birth, (Street and Number)* 1015 N Durham st

5. *Full Name of Mother,* Barbara Ederman

6. *Mother's Maiden Name,* " Zeller

7. *Mother's Birthplace,* Pennsylvania

8. *Full Name of Father,* Joseph Ederman

9. *Father's Occupation,* Tinner

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Julia Groome

Address, 914 N. Gay st

Remarks,

8760000740

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 January 1896
4. Place of Birth, (Street and Number) 604 Capel St
5. Full Name of Mother, Ida Nelsen
6. Mother's Maiden Name, Ida Herman
7. Mother's Birthplace, Germany
8. Full Name of Father, Josef Nelsen
9. Father's Occupation Fire Department
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

8960000741

Wm. J. C. Dulany Co., City Printers and Stationers.

Every Midwife shall report to the office of the Commissioner of Health, a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd "

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 23rd " 1896.
4. Place of Birth, (Street and Number) 1009 E. Lanvale St. "
5. Full Name of Mother, Clara L. Pierce
6. Mother's Maiden Name, Clara L. Sullivan
7. Mother's Birthplace, Baltimore Co
8. Full Name of Father, James A. Pierce
9. Father's Occupation, R. R. Pass. Brakeman
10. Father's Birthplace, Balto. Co.

Name of Medical Attendant, or other person who makes this Return, Chas R. Thomas Dr M.D.

Address, 1800 Aisquith St. "

Remarks,

8 9 6 U 0 0 0 7 4 2

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 24th 1896

4. Place of Birth, (Street and Number) Baltimore 1107 Montpelier Street

5. Full Name of Mother, Mrs Mary Granger

6. Mother's Maiden Name, Mrs Mary E Nick

7. Mother's Birthplace, Baltimore Maryland

8. Full Name of Father, Mr Edward Alton Granger

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, M L Luther

Address, 1004 West Lexington St

Remarks,

8960000743

Wm. J. C. Dulany Co., City Printers and Stationers.

...day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 D.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 Jan
4. *Place of Birth, (Street and Number)* 1347 Woodyear st
5. *Full Name of Mother,* Alice Winters
6. *Mother's Maiden Name,* Alice Simpson
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William Winters
9. *Father's Occupation* Car Inspector
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs M A Blakeny

Remarks, 731 Cumberland St

1896 0 0 0 0 7 4 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 4th 1896
4. *Place of Birth, (Street and Number)* 2612 Chesham St
5. *Full Name of Mother,* Emilie Elsie Kelly
6. *Mother's Maiden Name,* Emilie Elsie
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frank H. Kelly
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Chas E Kelly

Address, 1922 Wilkens Ave

Remarks,

8960000745

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) wht
3. Date of Birth, Jany 24 1896 0.45 a m
4. Place of Birth, (Street and Number) 529 Bloom St
5. Full Name of Mother, Rosa A Akers
6. Mother's Maiden Name, " " McAbee
7. Mother's Birthplace, Md
8. Full Name of Father, Robert Akers
9. Father's Occupation carbuilder
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, G Lane Dunphin

Address, 1103 Madison ave

Remarks, Child born before a doctor arrived Placenta removed by her Lane in absence of Dunphin

8960000746

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/1891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Jany 8 96
4. *Place of Birth, (Street and Number)*	205 No. Front
5. *Full Name of Mother,*	Fanny Mozelowsky
6. *Mother's Maiden Name,*	Fanny Riegel
7. *Mother's Birthplace,*	Poland
8. *Full Name of Father,*	Isaac Mozelowsky
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Poland
Name of Medical Attendant, or other person who makes this Return,	J. H. Robinson M.D.
Address,	721 E. Preston St.
Remarks,	

8960000747

Wm. J. C. Dulany Co., City Printers and Stationers.

every day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Virginia Lee

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	January 23 96
4. Place of Birth, (Street and Number)	1661 Light St.
5. Full Name of Mother,	Virginia Lee
6. Mother's Maiden Name,	Jenkins
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Robt E. Lee
9. Father's Occupation	Foreman
10. Father's Birthplace,	Md
Name of Medical Attendant, or other person who makes this Return	J. H. Robinson M.D.
Address,	916 E. Fort Ave.
Remarks,	

8960000748

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/1893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jany 25 - 96
4. Place of Birth, (Street and Number) Hospital 1122 N Mount st
5. Full Name of Mother, Mrs Caroline C. Newman
6. Mother's Maiden Name, Cooney
7. Mother's Birthplace, Balto
8. Full Name of Father, George Laura Newman
9. Father's Occupation Surveyor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Dr H. Chandlee

Address, 1013 Linden ave

Remarks,

8960000749

Wm. J. C. Dulany Co., City Printers and Stationers

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 25
4. Place of Birth, (Street and Number) 1106 Jenkins alley
5. Full Name of Mother, Mary Willis
6. Mother's Maiden Name, Mary Handy
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Sam Willis
9. Father's Occupation Hater
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, D W Keown Asst

Address, Md Gen'l Hospital

Remarks,

8 9 6 0 0 0 0 7 5 0

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 25th, 1896
4. Place of Birth, (Street and Number) 1215 Gilmor st
5. Full Name of Mother, Mrs. Ella M. Priester
6. Mother's Maiden Name, Burley
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Mr. Henry F. Priester
9. Father's Occupation, Sign Painter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Wm. E. Miller M.D.

Address, 2239 Pennsylvania Ave

Remarks,

1896000075 1

Wm J C. Dulany Co., City Printers and Stationers.

Every midwife in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) B

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 26 1896.
4. Place of Birth, (Street and Number) 346 Roland ave.
5. Full Name of Mother, Mary E. McCauley.
6. Mother's Maiden Name, Regan.
7. Mother's Birthplace, Pa.
8. Full Name of Father, William Vernon McCauley,
9. Father's Occupation Stationary Engineman,
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave,

Remarks,

8960000752

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

71997

RETURN OF A BIRTH. 71997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Balto Jan. 25/96
4. Place of Birth, (Street and Number) 86 Hanover Street
5. Full Name of Mother, Broon Asterson
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, Joseph Asterson
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, M. W. Sina Harlow

Address, 416 E. York & Bank

Remarks,

8960000753

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 25/96
4. Place of Birth, (Street and Number) 616 S. Register Str.
5. Full Name of Mother, Wilhelmina P. Klein
6. Mother's Maiden Name, " " Kellerman
7. Mother's Birthplace, Germany
8. Full Name of Father, John Klein
9. Father's Occupation Saloonkeeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm. Diesenhofer

Address, 1200 S. Sharp Str

Remarks,

8960000754

Every birth occurring in the City of Baltimore shall be reported to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan. 25/96
4. *Place of Birth, (Street and Number)* 2001 Canton Ave.
5. *Full Name of Mother,* Mary Conoley
6. *Mother's Maiden Name,* " Heneley
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Peter Conoley
9. *Father's Occupation* Saloonkeeper
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1200 S. Sharp St.

Remarks,

8960000755

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/1901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jany 25th 1896
4. Place of Birth, (Street and Number) 509 Myrtle Ave.
5. Full Name of Mother, Georgie Maria Watkins Timms
6. Mother's Maiden Name, Georgie Watkins
7. Mother's Birthplace, Rectortown, Fauquier Co Va.
8. Full Name of Father, William Timms
9. Father's Occupation teamster
10. Father's Birthplace, Upperville Fauquier Co Va

Name of Medical Attendant, or other person who makes this Return, F W Brown M D

Address, Md Gen'l Hosp.

Remarks,

8960000756

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 26 Jan
4. Place of Birth, (Street and Number) 1313 E. Eager St.
5. Full Name of Mother, Ellen White
6. Mother's Maiden Name, Ellen Byan
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Robert White
9. Father's Occupation Woodturner
10. Father's Birthplace, Baltimore Co.

Name of Medical Attendant, or other person who makes this Return Mrs. D Bird Midwife

Address, 417 E Eager St.

Remarks,

18960000757

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 26 January
4. *Place of Birth, (Street and Number)* 1737 Chester St
5. *Full Name of Mother,* Emma Belana
6. *Mother's Maiden Name,* Klein
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Belana
9. *Father's Occupation* painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N. Central Ave.

Remarks,

8 9 6 0 0 0 0 7 5 8

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26 January 1896
4. *Place of Birth, (Street and Number)* 1929 Eastern Av
5. *Full Name of Mother,* Sofi Simonsen
6. *Mother's Maiden Name,* Sofi Ament
7. *Mother's Birthplace,* Baltimor MD
8. *Full Name of Father,* Carl Simonson
9. *Father's Occupation* Lauber
10. *Father's Birthplace,* Baltimor MD.

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

8960000759

Wm. J. C. Dulany Co., City Printers and Stationers

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two Children

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* January 26 1896

4. *Place of Birth, (Street and Number)* 322 N. Harrison St

5. *Full Name of Mother,* Mary E. Watkins

6. *Mother's Maiden Name,* Mary E. Othe

7. *Mother's Birthplace,* Cambridge Maryland

8. *Full Name of Father,* Daniel E. Watkins

9. *Father's Occupation* Labor

10. *Father's Birthplace,* Baltimore, Maryland

Name of Medical Attendant, or other person who makes this Return, Grace Harris

Address, 818 Stockholm St

Remarks, 8960000007760

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26 January 1896
4. *Place of Birth, (Street and Number)* 607 Durham St
5. *Full Name of Mother,* Dora Telag
6. *Mother's Maiden Name,* Dora Orlas
7. *Mother's Birthplace,* Baltimor M.D
8. *Full Name of Father,* Henri Telag
9. *Father's Occupation* Lauber
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

8960000761

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 71906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 26 1906
4. *Place of Birth, (Street and Number)* 1227 Lemmon St.
5. *Full Name of Mother,* Grace M. Burns
6. *Mother's Maiden Name,* Grace M. Feely
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Burns
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Dr. E. Kelly

Address, 1228 Hillsdale Ave.

Remarks,

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1896000007 62

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7107

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* January 26th 1896
4. *Place of Birth (Street and Number)* 1630 Jefferson Street
5. *Full Name of Mother* Hamilta Robinson
6. *Mother's Maiden Name* Hamilta Werner
7. *Mother's Birthplace* New Jersey
8. *Full Name of Father* Theodore Joseph Robinson
9. *Father's Occupation* Book Keeper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. James E Donnelly M.D

Address 1701 Baltimore So East

Remarks

8960000763

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 71908

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Jan 26th 1896
4. *Place of Birth (Street and Number)* 27 S Ann St
5. *Full Name of Mother* Millie Lange Plitt
6. *Mother's Maiden Name* Millie Lange
7. *Mother's Birthplace* England
8. *Full Name of Father* Herb. Plitt
9. *Father's Occupation* Metal Worker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. James E Donnelly M.D

Address 1707 Baltimore St East

Remarks

8460000764

RETURN OF A BIRTH. 7/1909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan. 26 1896
4. *Place of Birth, (Street and Number)* 1333 Jasper St.
5. *Full Name of Mother,* Emma Jones
6. *Mother's Maiden Name,* Emma Brown
7. *Mother's Birthplace,* Fredericktown Dist Co.
8. *Full Name of Father,* Allen Jones
9. *Father's Occupation* Ice Cream Maker
10. *Father's Birthplace,* Pikesburg Va.

Name of Medical Attendant, or other person who makes this Return, Caroline Brown

Address, 1066 Kalvert St.

Remarks,

8 9 6 0 0 0 0 7 6 5

Wm. J. C. Dulany Co., City Printers and Stationers

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 1-26-66

RETURN OF A BIRTH. 7910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edna Louise Meyer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 26 1926.
4. Place of Birth, (Street and Number) No. 1412 E. Fayette St.
5. Full Name of Mother, Emma Meyer.
6. Mother's Maiden Name, Emma Miller.
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Julius Meyer.
9. Father's Occupation Salesman.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Roy A. Blewett M.D.

Address, 1741 Harford Ave.

Remarks,

B 7 6 0 0 0 0 0 7 6 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Any physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 26th 1896
4. Place of Birth, (Street and Number) 208 N. Fremont
5. Full Name of Mother, Mary E. Whitmore
6. Mother's Maiden Name, Mary E Whitmore
7. Mother's Birthplace, Maryland
8. Full Name of Father, H. E. Koons
9. Father's Occupation, Medical Student
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, James E Willing MD

Address, 508 N. Fremont ave

Remarks,

8960000007767

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

This card without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 1912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fourth
1. Sex (state whether male or female),	Male White
2. Race or Color (if not of the white race),	
3. Date of Birth,	January 23. 1896
4. Place of Birth (Street and Number),	873 Columbia Av
5. Full Name of Mother,	Emma Cargoz
6. Mother's Maiden Name,	Carla
7. Mother's Birthplace,	Austria
8. Full Name of Father,	Martin Cargoz
9. Father's Occupation,	Joiner
10. Father's Birthplace,	Austria
Name of Medical Attendant, or other person who makes this Return.	Wm. Hall
Address,	638 E. Lemmon St
Remarks,	

B 46000007668

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

timore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 71913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* January 1st 1896
4. *Place of Birth, (Street and Number)* 1310 Pleasant St.
5. *Full Name of Mother,* Ida Lavinia Limstid
6. *Mother's Maiden Name,* Ida Lavinia Maynard
7. *Mother's Birthplace,* Maynard Pg A.A. Co. Md.
8. *Full Name of Father,* Landy Limstid
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Lake Shore A.A. Co. Md.

Name of Medical Attendant, or other person who makes this Return, Frank E. Dell

Address, 1617 N Calhoun

Remarks,

8960000769

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 2. 1896
4. Place of Birth, (Street and Number) 1209 N. Baltimore St
5. Full Name of Mother, Grace Adell Carr.
6. Mother's Maiden Name, Grace Adell Forkin
7. Mother's Birthplace, Aberdeen Harford Co Md
8. Full Name of Father, Mulligan Stuffy Carr
9. Father's Occupation, Stable Boy
10. Father's Birthplace, Aberdeen Harford Co.

Name of Medical Attendant, or other person who makes this Return, H. J. Curtis

Address, N E Cor Caudy & Fayette St

Remarks,

8960000770

Wm J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such case to report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 January
4. Place of Birth, (Street and Number) 2004 Fay str
5. Full Name of Mother, Mary Schrifter
6. Mother's Maiden Name, Mary Tenzl
7. Mother's Birthplace, Bayern
8. Full Name of Father, Pats Schrifter
9. Father's Occupation Salon
10. Father's Birthplace, Bayern

Name of Medical Attendant, or other person who makes this Return, Luise Svatora

Address, 1016 Durham str

Remarks,

8960000771

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	21 January
4. *Place of Birth, (Street and Number)*	2119 Mura St
5. *Full Name of Mother,*	Emma Fleck
6. *Mother's Maiden Name,*	Emma Burgan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Fleck
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Penselvania
Name of Medical Attendant, or other person who makes this Return,	Luise Svatora
Address,	1010 Durham
Remarks,	

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	January 21st
4. *Place of Birth, (Street and Number)*	1356 & Hatton St
5. *Full Name of Mother,*	Minnie G. Wiley
6. *Mother's Maiden Name,*	Minnie G. Smith
7. *Mother's Birthplace,*	Burlington Vt
8. *Full Name of Father,*	John Henry Wiley
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Howard Co. Md.
Name of Medical Attendant, or other person who makes this Return,	Sarah E. Dent
Address,	1619 Calhoun St
Remarks,	

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

B 9·6 0 0 0 0 0 7 7 3

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	24 January
4. *Place of Birth, (Street and Number)*	423 Bradford str
5. *Full Name of Mother,*	Babri Tindrich
6. *Mother's Maiden Name,*	Babri Kapal
7. *Mother's Birthplace,*	Bohimen
8. *Full Name of Father,*	Jahn Tindrich
9. *Father's Occupation*	Thailor
10. *Father's Birthplace,*	Bohimen
Name of Medical Attendant, or other person who makes this Return.	Luise Svatora
Address,	1010 Durham st
Remarks,	

8960000774

Wm. J. C. Dulany Co., City Printers and Stationers.

In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 1919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 24th 1896
4. Place of Birth, (Street and Number) 1421 Eutaw Place
5. Full Name of Mother, Agnes Selden McCormick
6. Mother's Maiden Name, Agnes Selden
7. Mother's Birthplace, Virginia
8. Full Name of Father, Thos. Pugh McCormick
9. Father's Occupation, Physician
10. Father's Birthplace, Louisiana

Name of Medical Attendant, or other person who makes this Return, Thos P McCormick MD

Address, 1421 Eutaw Place

Remarks,

8466000775

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 7/1920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Jan 27 1896 2315 Maryland ave
4. *Place of Birth, (Street and Number)* 2315 Maryland ave
5. *Full Name of Mother,* Anna B Hall
6. *Mother's Maiden Name,* " " Woods
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Chas L Hall
9. *Father's Occupation,* Coal Dealer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, O. Edward Janney M.D.

Address, 837 N Eutaw St

Remarks,

8960000776

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 71921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan. 27 — 1896
4. Place of Birth, (Street and Number) 236 S. Spring St.
5. Full Name of Mother, Delie Lennard
6. Mother's Maiden Name, Florit
7. Mother's Birthplace, Ireland
8. Full Name of Father, Michael Lennard
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Oraft St.

Remarks,

8960000777

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 71922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	Jan. 27. 1896
4. *Place of Birth (Street and Number),*	1715 W. Lanvale St.
5. *Full Name of Mother,*	Minnie Lulu Warfield
6. *Mother's Maiden Name,*	Minnie Lulu Hitchcock
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	William Wesley Warfield
9. *Father's Occupation,*	Clerk
10. *Father's Birthplace,*	Howard Co. Md.
Name of Medical Attendant, or other person who makes this Return.	John D. Lickle M.D.
Address,	801 N. Fulton ave.
Remarks,	

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers

5960000778

RETURN OF A BIRTH. 7/923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 27th 1896
4. *Place of Birth, (Street and Number)*	621 Third Ave. Hampden
5. *Full Name of Mother,*	Ida R. Steffey
6. *Mother's Maiden Name,*	Ida R. Barker
7. *Mother's Birthplace,*	Balt. Co. Md
8. *Full Name of Father,*	Henry E. Steffey
9. *Father's Occupation,*	Merchant
10. *Father's Birthplace,*	Carroll Co. Md.
Name of Medical Attendant, or other person who makes this Return.	Geo. T. Shower, M.D.
Address,	421 Rolands Ave. Hampden
Remarks,	

8960000779

Wm J. C. Dulany Co., City Printers and Stationers.

Attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7-1924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, ~~July~~ Jan 27 1924
4. Place of Birth, (Street and Number) 213 Hoffman St
5. Full Name of Mother, Kate Brooks
6. Mother's Maiden Name, Kate Brown
7. Mother's Birthplace, St Mary County
8. Full Name of Father, Albert Brooks
9. Father's Occupation, Waiter
10. Father's Birthplace, Calvert County Md

Name of Medical Attendant, or other person who makes this Return, Leslie Torrance

Address, 507 Preston St

Remarks,

8900000780

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (3rd) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 27th 1896
4. Place of Birth, (Street and Number) 1833 Argyle Ave
5. Full Name of Mother, Laura Warner
6. Mother's Maiden Name, Laura Preston
7. Mother's Birthplace, Matthews County Virginia
8. Full Name of Father, Walter Warner
9. Father's Occupation Clerk
10. Father's Birthplace, Clear Spring Washington Co Md

Name of Medical Attendant, or other person who makes this Return, G. W. Hunneman M.D.

Address, 621 N Eutaw Ave

Remarks,

8960000781

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/1926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 27 1896
4. *Place of Birth, (Street and Number)* Port st 626
5. *Full Name of Mother,* Mary Luecking
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germen
8. *Full Name of Father,* Joseph Luecking
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germen

Name of Medical Attendant, or other person who makes this Return, Mary Kopton

Address, 1 Washington st 200

Remarks,

8960000782

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 27 1896
4. *Place of Birth, (Street and Number)* Emerty Lane 1607
5. *Full Name of Mother,* Maigge Struck
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Garmer
8. *Full Name of Father,* Frank Struck
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Garmer

Name of Medical Attendant, or other person who makes this Return, Mary Skeptis

Address, N Washington st 208

Remarks,

attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960000783

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Balto. Jan. 27/96
4. Place of Birth, (Street and Number) 12 E. York St. Balto.
5. Full Name of Mother, Saphia Stern
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, Iyoris Stern
9. Father's Occupation Salesman
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Lena Barber

Address, 11 E. York St. Balto.

Remarks,

8966000007884

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 7/26/61

RETURN OF A BIRTH. 7/1929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Genevieve Thurlow

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 27, 1896.
4. Place of Birth, (Street and Number) 710 Roland ave.
5. Full Name of Mother, Nellie Grace Thurlow.
6. Mother's Maiden Name, Baker.
7. Mother's Birthplace, Harper's Ferry
8. Full Name of Father, Harold Marshall Thurlow.
9. Father's Occupation Clergyman.
10. Father's Birthplace, New Brunswick.

Name of Medical Attendant, or other person who makes this Return, Chas. A. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8960000785

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth occurring without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, ~~Md Genl Hospital~~ Jan 27/96
4. Place of Birth, (Street and Number) Md Genl Hospital
5. Full Name of Mother, Katie Gentry
6. Mother's Maiden Name, Same
7. Mother's Birthplace, Md -
8. Full Name of Father, unknown
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J W Keown a.B. M.D

Address, Md Genl Hospital

Remarks,

8960000786

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/1931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 28th 1896
4. *Place of Birth, (Street and Number)* 2021 Frederick Ave
5. *Full Name of Mother,* Mary E Lindner
6. *Mother's Maiden Name,* Mary E Hemmerman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George J Lindner
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm E Kelly

Address, 1901 W Fredk Ave

Remarks,

8960000787

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall be
child to report its birth to the Commissioner of Health, in the ma
any such person or persons who shall hereafter fail to comply w
jected to the fine of ten (10) dollars for each offence, to be recover
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RETURN OF A BIRTH. 71932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 28th 96
4. Place of Birth, (Street and Number) 214 W. Cross St.,
5. Full Name of Mother, Nora Slaughter
6. Mother's Maiden Name, " Forster
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, Adolph Slaughter
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return. Maggie A. Wilkinson,

Address, No. 14 W. Cross St.,

Remarks,

8960000788

Wm. J. C. Dulany Co., City Printers and Stationers.

KODAK U SAFETY

RETURN OF A BIRTH. 71933 (new)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Kenneth Franklin Buck

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 January 1896
4. Place of Birth, (Street and Number) 2345 Estelle Ave
5. Full Name of Mother, Harriet (Gauck) Buck
6. Mother's Maiden Name, Harriet (Ferguson) Ferguson
7. Mother's Birthplace, Baltimore MD
8. Full Name of Father, George (Gould) (Gauck) Buck
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimor

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S. Washington St

Remarks,

18960000789

Wm. J. C. Dulany Co., City Printers and Stationers

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 28 — 1896
4. Place of Birth, (Street and Number) 314 S. Spring St.
5. Full Name of Mother, Johanna May
6. Mother's Maiden Name, Rausch
7. Mother's Birthplace, Germany
8. Full Name of Father, George May
9. Father's Occupation Printer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8960000790

Wm. J. C. Dulany Co., City Printers and Stationers.

...attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 28 1896
4. *Place of Birth, (Street and Number)* Jefferson st 1926
5. *Full Name of Mother,* Mary Benda
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemien
8. *Full Name of Father,* Joseph Benda
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Boheimia

Name of Medical Attendant, or other person who makes this Return, Mary Kopitke

Address, 2 Washington st 205

Remarks,

8960000791

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 71936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether* 1*st,* ~~2d, 3d, &c.~~)

1. *Sex,* (*state whether* ~~male or~~ *female*)
2. *Race or Color,* (~~if not of the~~ *white race*)
3. *Date of Birth,* Jan 28 - 1896
4. *Place of Birth,* (*Street and Number*) Cor Charles & Centre
5. *Full Name of Mother,* Marion J. Fisher
6. *Mother's Maiden Name,* Marion J. Thomas
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Henry Fisher
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Pittsburg Pa

Name of Medical Attendant, or other person who makes this Return. Dr. S. Latimer

Address, 211 W. Monument

Remarks, No Anesthetic No trouble

8 9 6 0 0 0 0 7 9 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 71937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Leon Levin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Baltimore Jan 28/26
4. Place of Birth, (Street and Number) 16 E. Hill Street Baltimore
5. Full Name of Mother, Bessie Levin
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, Bonat Levin
9. Father's Occupation Pants Maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Sina Barker

Address, 161 E. York Street Balto.

Remarks,

18960000793

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 71938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Thomas Patrick Coyle

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 28th 1896
4. Place of Birth, (Street and Number) 1705 N. Lacey St.
5. Full Name of Mother, Mrs Margaret T. Coyle
6. Mother's Maiden Name, Margaret T. Tiernan
7. Mother's Birthplace, Foxford, Mayo Co. Ireland
8. Full Name of Father, Marcellus J. Coyle
9. Father's Occupation Real Roofing
10. Father's Birthplace, Germantown, Pa.

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs M. A. Stackney

Remarks, 731 Cumberland St GIVEN NAME ADDED 1-29-54

8960000794

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 28 Twenty 1896
4. *Place of Birth, (Street and Number)* 424 Bradford ave
5. *Full Name of Mother,* Annie Petrik
6. *Mother's Maiden Name,* Annie Neuman
7. *Mother's Birthplace,* Bohimen
8. *Full Name of Father,* Jan Petrik
9. *Father's Occupation* Thailor
10. *Father's Birthplace,* Bohimen

Name of Medical Attendant, or other person who makes this Return, Luise Scatora

Address, 1010 Durham st

Remarks,

8960000795

Wm. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-19-57

RETURN OF A BIRTH. 71940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Beulah Elizabeth Imhoff

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White,
3. Date of Birth, January 28, 1896.
4. Place of Birth, (Street and Number) 216 Sycamore ave.
5. Full Name of Mother, Mary Margaret Ann Imhoff
6. Mother's Maiden Name, Shafer.
7. Mother's Birthplace, Md.
8. Full Name of Father, Robert Edward Imhoff.
9. Father's Occupation Laborer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Nicholls M.D.

Address, 291 Chestnut ave,

Remarks, —

8960000796

Wm. J. C. Dulany Co., City Printers and Stationers

...this day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/1941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, January 28, 1896.
4. Place of Birth, (Street and Number) 326 E 29½ St.
5. Full Name of Mother, Minnie F. Vogt.
6. Mother's Maiden Name, Waters.
7. Mother's Birthplace, Md.
8. Full Name of Father, Martin L. Vogt.
9. Father's Occupation Blacksmith.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Edwin A. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8460000797

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 71942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 January 1896
4. Place of Birth, (Street and Number) S. Bond St. 837
5. Full Name of Mother, Mary Jurek
6. Mother's Maiden Name, Novicka
7. Mother's Birthplace, Pole
8. Full Name of Father, John Jurek
9. Father's Occupation Carpen Grocery
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return,

Address, S. Bond Str. 838

Remarks, Mary Breth

18960000798

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 71943

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7
1. Sex, (state whether male or female)	White
2. Race or Color, (if not of the white race)	Female
3. Date of Birth,	24 January 1946
4. Place of Birth, (Street and Number)	No 1301 Burrough St
5. Full Name of Mother,	Charlotta Allen
6. Mother's Maiden Name,	" " " Sheckels
7. Mother's Birthplace,	Baltimore City
8. Full Name of Father,	William Allen
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	Mrs Cornelious Allen
Address,	No 1407 Nicholson St Locust Point
Remarks,	

8 9 6 0 0 0 0 7 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Attention upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, January 29 1896

4. Place of Birth, (Street and Number) 430 E Fort Ave.

5. Full Name of Mother, Laura V. Brooks

6. Mother's Maiden Name, " " Upton

7. Mother's Birthplace, A. A. Co. Md.

8. Full Name of Father, John H. Brooks

9. Father's Occupation Paper-Lauger

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Robt. P. P. Scheidt Jno. S.

Address, 1458 Riverside Ave.

Remarks,

6760000008000

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 29
4. *Place of Birth, (Street and Number)* Blemingdale Ave Fairfield grove
5. *Full Name of Mother,* Rebecca Lucas
6. *Mother's Maiden Name,* Rebecca Old
7. *Mother's Birthplace,* Pohatten
8. *Full Name of Father,* Joseph Harman Lucas
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary J Purgay

Address, 2897 Lanvale st

Remarks,

8960000801

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 71946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Alma

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Jan 29th 1896
4. *Place of Birth, (Street and Number)*	32H Elm Ave. Hamilden
5. *Full Name of Mother,*	Leonora Dell
6. *Mother's Maiden Name,*	Leonora Medcalfe
7. *Mother's Birthplace,*	Frederick, Md.
8. *Full Name of Father,*	William B. Dell
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Carroll Co. Md.
Name of Medical Attendant, or other person who makes this Return.	Geo. T. Shower, M.D.
Address,	421 Roland Ave. Hamilden
Remarks,	

8 9 6 0 0 0 0 8 0 2

Wm J C Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 January 1896
4. *Place of Birth, (Street and Number)* 118 Manfort ave
5. *Full Name of Mother,* Emeli Finkelstagen
6. *Mother's Maiden Name,* Emeli Gellon
7. *Mother's Birthplace,* Norwegen Europ
8. *Full Name of Father,* Fredrick Finkelstagen
9. *Father's Occupation* Mariner
10. *Father's Birthplace,* Norwegen Europ

Name of Medical Attendant, or other person who makes this Return, F. Ellen Smith

Address, 304 Sot Washington St

Remarks,

8960000803

Wm. J. C. Dulany Co., City Printers and Stationers

The Act requires the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 29 1896
4. *Place of Birth, (Street and Number)* Orangeville Md
5. *Full Name of Mother,* Mary Steiner
6. *Mother's Maiden Name,* Bohaimer
7. *Mother's Birthplace,* Charles Steiner
8. *Full Name of Father,* Labor
9. *Father's Occupation* Bohaimer
10. *Father's Birthplace,* Bohaimer

Name of Medical Attendant, or other person who makes this Return. Mary Richter

Address, 1 P Washington at 205

Remarks, 8 9 6 0 0 0 0 8 0 4

In case the birth of any child shall occur without the attendance of a physician or practitioner of healing, or should no other person be in attendance, the mother immediately thereafter, if able, and if not able, then the person in charge of her during her confinement or midwifery, of the period of such confinement, shall report its birth to the Commissioner of Health, in the manner and within the time required by law; and any such person who shall become aware of the birth of a child to report its birth to the Commissioner of Health, in the manner and within the time required by law; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Children

1. Sex, (state whether male or female) Two Girls (Twins)
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 29th 1896
4. Place of Birth, (Street and Number) 208 N Chatham St
5. Full Name of Mother, Maggie Lane
6. Mother's Maiden Name, Maggie Lane
7. Mother's Birthplace, Ireland
8. Full Name of Father, John August Dr Abyna
9. Father's Occupation, Cook on Inland Ship
10. Father's Birthplace, Madeira Spain

Name of Medical Attendant, or other person who makes this Return, James E Walling M.D

Address, 508 N. Fremont Ave

Remarks,

1896 U 0 0 0 0 8 0 5

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 1950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (5th) Fifth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 29 1896
4. *Place of Birth, (Street and Number)* 617 Roland Ave Hampden Baltimore
5. *Full Name of Mother,* Anna Elizabeth Yeakle
6. *Mother's Maiden Name,* Anna Elizabeth Shertzer
7. *Mother's Birthplace,* Perry Co Pennsylvania
8. *Full Name of Father,* Irvin C. Yeakle
9. *Father's Occupation* Minister of the Gospel
10. *Father's Birthplace,* Bucks Co Pennsylvania

Name of Medical Attendant, or other person who makes this Return, J. L. Hellman M.D.

Address, 621 N. Carrollton Ave

Remarks,

8 7 6 0 0 0 0 8 0 6

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71951

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, January 29th 1896
4. Place of Birth, (Street and Number) N. Eden Sts. No 10
5. Full Name of Mother, Becke Ketz
6. Mother's Maiden Name, Becke Greenspon
7. Mother's Birthplace, Russia
8. Full Name of Father, Frank Ketz
9. Father's Occupation Cigarmaker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, J W Keown A B M D.

Address, Md Gen'l Hospital

Remarks,

8960000008807

Wm. J. C. Dulany Co., City Printers and Stationers.

...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 29 1896
4. Place of Birth, (Street and Number) 116 E Chapple st 116
5. Full Name of Mother, Annie Heimel
6. Mother's Maiden Name,
7. Mother's Birthplace, Germen
8. Full Name of Father, John Heimel
9. Father's Occupation Labor
10. Father's Birthplace, Germen

Name of Medical Attendant, or other person who makes this Return, Moses Kopitz

Address, 1 N Washington st 205

Remarks,

18960000808

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71953

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 29/96
4. Place of Birth, (Street and Number) Md Genl Hospital
5. Full Name of Mother, Annie Harris
6. Mother's Maiden Name, Annie Harris
7. Mother's Birthplace, Md
8. Full Name of Father, unknown
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Unknown Attd

Address, Md Genl Hospital

Remarks,

8960000008009

Wm. J. C. Dulany Co., City Printers and Stationers.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	30 th January 1896
4. *Place of Birth, (Street and Number)*	No 910 E Frederick Ave. Carroll Bldg
5. *Full Name of Mother,*	Matilda Bruder
6. *Mother's Maiden Name,*	Matilda Tiemann
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	William Bruder
9. *Father's Occupation*	Oyster Business
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	Elisebeth Wilkes
Address,	Hoffman Lane Balto City
Remarks,	

8960000810

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 30/96
4. Place of Birth, (Street and Number) 510 S. Wolf Str.
5. Full Name of Mother, Mary L. Ford
6. Mother's Maiden Name, " " Mooten
7. Mother's Birthplace, Balto.
8. Full Name of Father, William R. Ford
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1200 S. Sharp St.

Remarks,

8960000811

Wm. J. C. Dulany Co., City Printers and Stationers.

Ordinance upon the mother, immediately thereafter it shall become the duty of the person in charge of the house in which she may be, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7 1956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born January 30th 1896
4. *Place of Birth, (Street and Number)*	# 42 Landwehr Lane
5. *Full Name of Mother,*	Mrs. Annie Klemm
6. *Mother's Maiden Name,*	Miss. " Kohn
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	George Klemm
9. *Father's Occupation*	Butcher
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return,	Mrs. Hilger
Address,	# 2008 N. Henry St
Remarks,	

8960000812

Wm. J. C. Dulany Co., City Printers and Stationers.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	Jan 30 1896
4. *Place of Birth, (Street and Number)*	455 W Pratt St
5. *Full Name of Mother,*	Louisa Bruce
6. *Mother's Maiden Name,*	Schramm
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John W Bruce
9. *Father's Occupation*	machinist
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Leo R Graham
Address,	925 Columbia ave
Remarks,	

8960000813

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-3-55

RETURN OF A BIRTH. 7/1958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Henry ~~Garrett~~, Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* January 30, 1896.
4. *Place of Birth, (Street and Number)* 409 W. 24th St.
5. *Full Name of Mother,* Sarah Catherine Garrett.
6. *Mother's Maiden Name,* Knight.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* William H. Garrett.
9. *Father's Occupation* Boiler-maker.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas H. Whitehead M.D.

Address, 291 Chestnut ave.

Remarks,

8960000814

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 30 18 96
4. Place of Birth, (Street and Number) 241 Shickory ave Hampden
5. Full Name of Mother, Sara V Simonds
6. Mother's Maiden Name, Robinson
7. Mother's Birthplace, Baltimore Co
8. Full Name of Father, Brichard Simond
9. Father's Occupation Labor
10. Father's Birthplace, Saul / prince geo co

Name of Medical Attendant, or other person who makes this Return,

Address, Martha Simonds 5595 Shickory ave Hampden city

Remarks,

8960000815

Wm. J. C. Dulany Co., City Printers and Stationers.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 30" 1896
4. Place of Birth, (Street and Number) 1312 Light St
5. Full Name of Mother, Lizzie Myers
6. Mother's Maiden Name, Crouse
7. Mother's Birthplace, Howard Co
8. Full Name of Father, Henry F Myers
9. Father's Occupation Merchant
10. Father's Birthplace, Howard Co

Name of Medical Attendant, or other person who makes this Return, Lee R Abraham

Address, 725 Columbia ave

Remarks,

B 9 6 U 0 0 0 8 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 30 th 1876
4. *Place of Birth, (Street and Number)* 115 Jordan Alley
5. *Full Name of Mother,* Mary Wood
6. *Mother's Maiden Name,* Mary Redd
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Lewis Wood
9. *Father's Occupation,* Laboring
10. *Father's Birthplace,* Hunter County

Name of Medical Attendant, or other person who makes this Return. Keiter Watkins

Address, 504 Preston St

Remarks,

8960000817

Wm J C. Dulany Co., City Printers and Stationers.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 30th 1896
4. Place of Birth, (Street and Number) No 672 Montford ave
5. Full Name of Mother, Anna (Wolfinger) Mulfinger
6. Mother's Maiden Name, Klotz
7. Mother's Birthplace, Germany
8. Full Name of Father, John (Wolfinger) Mulfinger
9. Father's Occupation Cementer
10. Father's Birthplace, Balti - County

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross,

Address, No 1907 E Monument, St.

Remarks, Charles Mulfinger

8960000018

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 30 1896
4. Place of Birth, (Street and Number) Danes Lane No 1
5. Full Name of Mother, Ena Lenk
6. Mother's Maiden Name,
7. Mother's Birthplace, Germen
8. Full Name of Father, Louis Lenk
9. Father's Occupation Labor
10. Father's Birthplace, Germen

Name of Medical Attendant, or other person who makes this Return Mary Reptis

Address, N Washington ave 205

Remarks,

8960000819

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Balto. Jan. 30/06
4. Place of Birth, (Street and Number) Balto N.E. 633 Hanover St.
5. Full Name of Mother, Nellie Kalaskia
6. Mother's Maiden Name,
7. Mother's Birthplace, Roland
8. Full Name of Father, Cowell Kalaskia
9. Father's Occupation Tailor
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mrs Lena Butler

Address, 416 E. York Street Balto.

Remarks,

8960000008 20

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30 January 1896
4. Place of Birth, (Street and Number) 1506 S. Carlton St
5. Full Name of Mother, Matilda Herman
6. Mother's Maiden Name, Matilda Hyman
7. Mother's Birthplace, Germany
8. Full Name of Father, Mark Herman
9. Father's Occupation Mariner
10. Father's Birthplace, Sweden Europ

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Harrison St

Remarks,

89 0 0 0 0 0 3 2 1

attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 31st Jan.
4. Place of Birth, (Street and Number) No. 1129 Cleveland Ave
5. Full Name of Mother, Bertha Moog.
6. Mother's Maiden Name, " " Meerdter.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, August Moog.
9. Father's Occupation Book & Job Printer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs A. M. Bishoff

Address, No 1137 Carroll St

Remarks.

0 9 6 U 0 0 0 8 2 2

Wm. J. C. Dulany Co., City Printers and Stationers.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 31 January 1896
4. *Place of Birth, (Street and Number)* Balto City 403 Lewis st
5. *Full Name of Mother,* Zenobia Collins
6. *Mother's Maiden Name,* Zenobia Johnson
7. *Mother's Birthplace,* Balto City Md
8. *Full Name of Father,* Thomas Collins
9. *Father's Occupation* Laborers
10. *Father's Birthplace,* Balto City Md

Name of Medical Attendant, or other person who makes this Return, Caroline Peterson

Address, 419 Lewis st Balto City Md

Remarks, As well as can ascertain

1896000008 23

Wm. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71 968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Jan 3rd at 1896
4. *Place of Birth, (Street and Number)* 1622 Walker Street
5. *Full Name of Mother,* Cecelia Norris
6. *Mother's Maiden Name,* Bowes
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Silas Norris
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs Hannah Knowles

Address, 2103 Orleans Street Balto

Remarks,

1896000000824

Wm. J. C. Dulany Co., City Printers and Stationers.

Attention is hereby called to the fact that it shall become the duty of the person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 31 1896
4. Place of Birth, (Street and Number) 1911 Baltimore Hampden city
5. Full Name of Mother, Rachel Gertrude Fisher
6. Mother's Maiden Name, Parrish
7. Mother's Birthplace, Carroll County Md
8. Full Name of Father, William J Fisher
9. Father's Occupation Machinist
10. Father's Birthplace, Baltimore County Md

Name of Medical Attendant, or other person who makes this Return,

Address, Martha E King 1157 Hickory ave city

Remarks,

8960000825

Wm. J. C. Dulany Co., City Printers and Stationers.

Penalties upon the mother, immediately thereafter if attended by a physician or midwife, or should no other person be in charge upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Wht.
3. Date of Birth, Jany. 31/96
4. Place of Birth, (Street and Number) 2615 W Franklin St
5. Full Name of Mother, Mrs. Wm. H. Brown
6. Mother's Maiden Name, Julia A. Kelly
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Wm. H. Brown
9. Father's Occupation Wood puller
10. Father's Birthplace, California

Name of Medical Attendant, or other person who makes this Return, Gabriel M.D.

Address, 2505 Penna. Ave.

Remarks,

8960000826

Wm. J. C. Dulany Co., City Printers and Stationers.

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 71971

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NAME OF Child REBA HAWKINS

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth January 31. 96
4. Place of Birth (Street and Number) 847 N. Eutaw
5. Full Name of Mother Rebecca M. Hawkins
6. Mother's Maiden Name " Mills
7. Mother's Birthplace A. A. Co. Md.
8. Full Name of Father Chas. Hawkins
9. Father's Occupation Laborer
10. Father's Birthplace A. A. Co Md

Name of Medical Attendant, or other Person who makes this Return. L. D. Johnson

Address 1214 Druid Hill Ave.

Remarks

Filed: 1896

1896 0000827

RETURN OF A BIRTH. 71972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 31, 1926.
4. *Place of Birth, (Street and Number)* No. 30 Union ave.
5. *Full Name of Mother,* Bertha Livingston
6. *Mother's Maiden Name,* Bertha Robb
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* William Livingston
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Eug. A. Calvert, M.D.

Address, 1711 Harford ave.

Remarks,

1896U0000823

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 71973

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 31th January
4. Place of Birth, (Street and Number) N. 0. 1404 Hanbert St. 2. F.
5. Full Name of Mother, Kate Kahnle
6. Mother's Maiden Name, " " Dornbusch
7. Mother's Birthplace, Wittenburg Germany
8. Full Name of Father, Mathew Dornbusch.
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Byern. Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Cornelious. Allen.

Address, 1407 Nicholson St

Remarks,

8960000008829

Wm. J. C. Dulany Co., City Printers and Stationers.

Every case of birth upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Jan 31 - 1896
4. Place of Birth, (Street and Number) 570 Duncan Alley
5. Full Name of Mother, Friederika Exter
6. Mother's Maiden Name, Schaefer
7. Mother's Birthplace, Germany
8. Full Name of Father, Ernest Exter
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Geo. Stein

Address, 429 E. Fratt St.

Remarks,

18960000830

Wm. C. Dulany Co., City Printers and Stationers.

Any physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* January 31st
4. *Place of Birth, (Street and Number)* 1112 West Pratt
5. *Full Name of Mother,* Margarette Scullen
6. *Mother's Maiden Name,* Margaretta Clark
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Fahrnan Scullen
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return, Burn Hunter

Address, 324 Pepplestone St

Remarks,

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

| 8 9 6 0 0 0 0 0 8 3 1 |

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elinor Brady

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan. 31st 1876
4. Place of Birth, (Street and Number) 327 S. Lafayette Avenue
5. Full Name of Mother, Lucy Bishop Brady
6. Mother's Maiden Name, Tobin
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, James Alexander Brady
9. Father's Occupation, Hardware Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, David R. Smith

Address, 4 W. Read

Remarks, GIVEN NAME ADDED 5-14-53. L.M.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

1896 00 0832

RETURN OF A BIRTH. 7977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* June 8 1895
4. *Place of Birth, (Street and Number)* 603 Leo ave
5. *Full Name of Mother,* Louise G Mitchell
6. *Mother's Maiden Name,* Frauenhoff
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Matthew G Mitchell
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Jas D. A. Brooks

Address, 1828 Eight St

Remarks, Doing well

0960000833

Wm. J. C. Dulany Co ... ttioners.

... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine often ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

71978

Name: Melvin Hyman Rainman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Jan 1st, 1896.
4. *Place of Birth (Street and Number),* 615 N Gilmor St.
5. *Full Name of Mother,* Celia Rainman
6. *Mother's Maiden Name,* Celia Jacobson
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Nathan Rainman
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. William L. Chaney

Address, 615 N. Gilmor St.

Remarks,

67600000834

Baltimore Publishing Co., City Printers and Stationers

the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

7198

RETURN OF A BIRTH. 7198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry William Jeremi

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 3 Jan, 1896
4. Place of Birth, (Street and Number) 1418 Orleans St
5. Full Name of Mother, Amanda Jeremiah
6. Mother's Maiden Name, Hirst
7. Mother's Birthplace, Balto
8. Full Name of Father, Otho Jeremiah
9. Father's Occupation Pool Room
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs R Mills

Address, 1302 E Lexington St

Remarks, GIVEN NAME ADDED. 0602-A 8435

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

7

RETURN OF A BIRTH. 71987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 Jan 1926
4. *Place of Birth, (Street and Number)* 1215 E Baltimore
5. *Full Name of Mother,* Rose M Bishop
6. *Mother's Maiden Name,* " " Bishop
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jacob Gutstafson
9. *Father's Occupation* Sugar Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Jno D E Brooks

Address, #1828 Eight St

Remarks, Doing well

8960000836

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 71988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Jan 6th 1896
4. *Place of Birth, (Street and Number)* 225 N. Monument St
5. *Full Name of Mother,* Sophie C. Barclay
6. *Mother's Maiden Name,* " " Sandheim
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* DeLancy H. Barclay
9. *Father's Occupation,* Physician
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, DeLancy H Barclay

Address, 225 N. Monument St

Remarks,

8960000837

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 71989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 6 Dec 1896

4. *Place of Birth, (Street and Number)* 116 Pine st

5. *Full Name of Mother,* Drusilla Sharp Barrett

6. *Mother's Maiden Name,* Baltimore

7. *Mother's Birthplace,* Essex Sharp

8. *Full Name of Father,* Chas

9. *Father's Occupation* Mechanic

10. *Father's Birthplace,* Michigan

Name of Medical Attendant, or other person who makes this Return, Dr H Hochman MD

Address, 2526 Penn ave Baltimore

Remarks, 18960000838

Wm. J. C. Dulany Co., City Printers and Stationers.

In case the birth of any child shall occur without the attendance of a physician or practioner of the healing art, it shall become the duty of the midwife, or other person in attendance upon the mother, immediately thereafter to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6 Dec 1896
4. *Place of Birth, (Street and Number)* 654 Av. Saratoga
5. *Full Name of Mother,* Lucy Stang
6. *Mother's Maiden Name,* Forrest
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Harry Stang
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Dr. Fields and Mc Dowell

Address, 257 East St. Baltimore

Remarks,

8960000839

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 2 1896
4. Place of Birth, (Street and Number) 2037 Division St
5. Full Name of Mother, Maggie Welly
6. Mother's Maiden Name, Maggie Carter
7. Mother's Birthplace, Virginia
8. Full Name of Father, Leonard Welly
9. Father's Occupation, Laboring
10. Father's Birthplace, Richmond

Name of Medical Attendant, or other person who makes this Return, Flaherty Coleman

Address, 419 Preston St

Remarks, 8960000340

Wm J. C. Dulany Co., City Printers and Stationers.

...ance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, January 7th 1896
4. Place of Birth, (Street and Number) 707 Park Street
5. Full Name of Mother, Insalia Earles
6. Mother's Maiden Name, Insalia Earles
7. Mother's Birthplace, Hanburg Street
8. Full Name of Father, Wallis Baillo
9. Father's Occupation Doctor Carriage
10. Father's Birthplace, Sto Mary Street

Name of Medical Attendant, or other person who makes this Return, Annie Johnson

Address, 1012 Church Alley

Remarks, 8960000841

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 7 Jan
4. *Place of Birth, (Street and Number)* 22 S. Bond
5. *Full Name of Mother,* Christine Schraeder
6. *Mother's Maiden Name,* " Claeden
7. *Mother's Birthplace,* Norway
8. *Full Name of Father,* John Schraeder
9. *Father's Occupation* Mate on vessel
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs R Mulvey

Address, 1302 E Lexington

Remarks, 8960000842

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 11th 1894
4. Place of Birth, (Street and Number) 1111 E. Baltimore
5. Full Name of Mother, Hannah M. Gardner
6. Mother's Maiden Name, Hannah M. Manning
7. Mother's Birthplace, Balto
8. Full Name of Father, Denis Mc Gladys
9. Father's Occupation Liquor Dealer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Jane D. Mc Gladys

Address, 1828 Virginia Ave

Remarks, 8.96000008 43

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 71995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Jan 9th 1896
4. *Place of Birth, (Street and Number)*	813 McCulloh St
5. *Full Name of Mother,*	Maggie Rush
6. *Mother's Maiden Name,*	" Rice
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	William Rush
9. *Father's Occupation,*	Contractor
10. *Father's Birthplace,*	Philadelphia
Name of Medical Attendant, or other person who makes this Return.	Dr Lauer 1116 Baltimore
Address,	22 N. Fremont Ave
Remarks,	

8960000844

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...ANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 71996.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* June 4th, 96.
4. *Place of Birth (Street and Number),* 528 N. Mulberry St.
5. *Full Name of Mother,* Nettie Swan Ayres
6. *Mother's Maiden Name,* Nettie Swan
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Ernest F. Ayres
9. *Father's Occupation,* Clerk.
10. *Father's Birthplace,* Va.

Name of Medical Attendant, or other person who makes this Return. William P. Lanier

Address, 615 De. Ave.

Remarks,

8960000845

...e Publishing Co., City Printers and Stationers

...the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother. Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Columbia

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 Jan 1896
4. Place of Birth, (Street and Number) 617 Monument Alley
5. Full Name of Mother, Mollie Kanner
6. Mother's Maiden Name, Baer
7. Mother's Birthplace, Germany
8. Full Name of Father, Philip Kanner
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Chas. D. A. Brooks

Address, 1828 Eight St

Remarks, Doing well

8960000846

shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)* Baltimore
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,* William
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8960000847

Child born dead

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jany 11th 96
4. Place of Birth, (Street and Number) 1800 W Chester St
5. Full Name of Mother, Catherine Klein
6. Mother's Maiden Name, Strube
7. Mother's Birthplace, On Atlantic Ocean
8. Full Name of Father, John C Klein
9. Father's Occupation Sailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, S H Seltzer M. D.

Address, 150 N Eager St.

Remarks,

1 8 9 6 U 0 0 0 0 8 4 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 72000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan. 11 1896
4. Place of Birth, (Street and Number) 558 N. Hoffman St.
5. Full Name of Mother, Fannie Madden
6. Mother's Maiden Name,
7. Mother's Birthplace, Md
8. Full Name of Father, John Madden
9. Father's Occupation, Laborer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Louise Eaton M. D.

Address, 410 W. Hoffman St.

Remarks, 1896000084

1896000

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 72001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	January 11 1896
4. *Place of Birth, (Street and Number)*	1806 Eleventh St
5. *Full Name of Mother,*	Augusta Gardener
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	U.S.A.
8. *Full Name of Father,*	Thomas C. Bowen
9. *Father's Occupation*	Shipping Clerk
10. *Father's Birthplace,*	U.S.A.
Name of Medical Attendant, or other person who makes this Return,	E. J. Williams M.D.
Address,	111 Chesapeake St
Remarks,	

1896 0 0 0 0 0 8 5 0

Wm. J. C. Dulany Co., City Printers and Stationers.

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female ✓
2. *Race or Color, (if not of the white race)*	White ✓
3. *Date of Birth,*	July 13 96 ✓
4. *Place of Birth, (Street and Number)*	655 E. Pratt St ✓
5. *Full Name of Mother,*	Kate Heyler ✓
6. *Mother's Maiden Name,*	Kate Pallmer ✓
7. *Mother's Birthplace,*	Balto. ✓
8. *Full Name of Father,*	Joseph Heyler ✓
9. *Father's Occupation*	Wheelwright ✓
10. *Father's Birthplace,*	Germany ✓
Name of Medical Attendant, or other person who makes this Return	Joseph Bleuer ✓
Address,	641 Columbia Ave.
Remarks,	

8960000851

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72003

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 3 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 Nov 1900
4. *Place of Birth, (Street and Number)* 1600 Light St
5. *Full Name of Mother,* Louisa [illegible] Woods
6. *Mother's Maiden Name,* Guard
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* [illegible] Woods
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Chas E. A. Kaake

Address, 1828 Light St

Remarks, Doing well

8960000852

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 72004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex (state whether male or female),	Female.
2. Race or Color (if not of the white race),	W Rite.
3. Date of Birth,	Jan. 14, 1896.
4. Place of Birth (Street and Number),	2431 Maryland Ave.
5. Full Name of Mother,	Alberta A. Lyon.
6. Mother's Maiden Name,	Alberta A. Hadley.
7. Mother's Birthplace,	Md.
8. Full Name of Father,	F. M. Lyon
9. Father's Occupation,	Lightning Rod Fitter.
10. Father's Birthplace,	N. J.
Name of Medical Attendant, or other person who makes this Return.	Dr. Richard P. Turner.
Address,	613 Park Ave.
Remarks,	

8960000853

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 72005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 Jan 1896
4. *Place of Birth, (Street and Number)* 1932 S. Charles
5. *Full Name of Mother,* Mary E. O'Hara
6. *Mother's Maiden Name,* Keller
7. *Mother's Birthplace,* Indiana
8. *Full Name of Father,* Thomas P. O'Hara
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Jas. E. D. Shrake

Address, # 1829 Eight St

Remarks, Darling well

8960000854

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15th January
4. Place of Birth, (Street and Number) 1414 E. Lanvale St
5. Full Name of Mother, Ellen Couzens
6. Mother's Maiden Name, Ellen Muir
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm J Couzens
9. Father's Occupation Horse Collar Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Worden

Address, 1000 E. Hoffman Street

Remarks, 8960000855

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 16th 1896
4. Place of Birth, (Street and Number) 1827 W. Franklin st
5. Full Name of Mother, Cora V. Dennis
6. Mother's Maiden Name, Wilson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles M. Dennis
9. Father's Occupation, Paper Hanger
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, E. V. Gee

Address, 602 N. Carey St

Remarks, Light Boy 0 0 0 7 8 5 6

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. SULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 72008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 17th 96
4. *Place of Birth, (Street and Number)*	1320 N Broadway
5. *Full Name of Mother,*	Mabel M Shive
6. *Mother's Maiden Name,*	Madge
7. *Mother's Birthplace,*	Washington D.C.
8. *Full Name of Father,*	William M Shive
9. *Father's Occupation*	Grocer
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	S M Shilpert M.D
Address,	1501 S Bayer St
Remarks,	8960000857

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 13 1946
4. *Place of Birth, (Street and Number)* 917 E Preston St
5. *Full Name of Mother,* Mary E Silberzahn
6. *Mother's Maiden Name,* Mary E Hesselbrock
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* John F Silberzahn
9. *Father's Occupation* Grocer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Jas E C Brooke

Address, 1828 Eight St

Remarks, Doing well

8960000858

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 8 Jan 1926

4. Place of Birth, (Street and Number) 1934 Light St

5. Full Name of Mother, Pauline Stevenson

6. Mother's Maiden Name, Fabiano

7. Mother's Birthplace, Md Balto

8. Full Name of Father, Alexander Stevenson

9. Father's Occupation Sailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Jesse E. H. Brooks

Address, 1828 Light St

Remarks,

8960000859

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 18 Jan
4. *Place of Birth, (Street and Number)* 1636 E Lombard St
5. *Full Name of Mother,* Kate Hess
6. *Mother's Maiden Name,* Schaefer
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Jacob Hess
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs R Fuller

Address, 302 E Lexington St

Remarks, 8 9 6 0 0 0 0 0 8 6 0

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 18 January
4. *Place of Birth, (Street and Number)* 1140 E Dallas St
5. *Full Name of Mother,* Nellie White
6. *Mother's Maiden Name,* Cooper
7. *Mother's Birthplace,* Geo White Balto
8. *Full Name of Father,* Laborer Geo White
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mr R Illig

Address, 1302 E Lexington St

Remarks, 8 9 6 0 0 0 0 8 6 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

In case the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colland
3. Date of Birth, January 19 th
4. Place of Birth, (Street and Number) 1312 Bruce Street Balto md
5. Full Name of Mother, Madorah wicks
6. Mother's Maiden Name, Madorah Kay
7. Mother's Birthplace, Calvert County
8. Full Name of Father, harry wicks
9. Father's Occupation, Ford Store
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs Sarah Rawlings

Remarks, 1610 Vincent Street

8 9 6 0 0 0 0 8 6 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 19th 1896
4. Place of Birth, (Street and Number) Baltimore 1806 Oakley st
5. Full Name of Mother, Magaretta Metzger
6. Mother's Maiden Name, Magaretta Schelling
7. Mother's Birthplace, Germany
8. Full Name of Father, Conrad Metzger
9. Father's Occupation Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Magaretta Heinfeld

Address, 435 Oxford ave

Remarks, 8960000863

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 72015

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Jan 20, 1896
4. Place of Birth, (Street and Number) 933 Green Willow Court
5. Full Name of Mother, Mary West
6. Mother's Maiden Name, Mary Moore
7. Mother's Birthplace, Washington, D C
8. Full Name of Father, Alfred West
9. Father's Occupation, Driver
10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return. Louise Eaton, M.D.

Address, 410 N. Hoffman

Remarks, 8960000864

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Every child born within the City of Baltimore shall have the attendance of a physician or practitioner of midwifery, or shall make due report to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 23/24
4. *Place of Birth, (Street and Number)*	950 Hollins St.
5. *Full Name of Mother,*	Lilli Finkelstein
6. *Mother's Maiden Name,*	Auerbach.
7. *Mother's Birthplace,*	Balto. Md
8. *Full Name of Father,*	Finkelstein
9. *Father's Occupation*	Merchant
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return	J. Blum
Address,	67 Hollins St
Remarks,	8960000865

The attendance of a physician or practioner of midwifery, at the birth of any child without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/2017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 22 Jan
4. *Place of Birth, (Street and Number)* 1324 E Lexington
5. *Full Name of Mother,* Lena Hergenheim
6. *Mother's Maiden Name,* Young
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Jno Hergenheim
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs R Ullig

Address, 1302 E Lexington St

Remarks, 8966000008666

Every physician or midwife in attendance upon a birth shall report the same to the Commissioner of Health. In case the birth of any child occurs without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	January 24 1896
4. *Place of Birth, (Street and Number)*	1330 East ave
5. *Full Name of Mother,*	Eliza Wellesworth
6. *Mother's Maiden Name,*	U. S. A.
7. *Mother's Birthplace,*	Jerome Grimes
8. *Full Name of Father,*	Baltimore
9. *Father's Occupation*	U. S. A.
10. *Father's Birthplace,*	E. D. Williams M.D.
Name of Medical Attendant, or other person who makes this Return,	1114 Chesapeake St
Address,	
Remarks,	

8966000008867

Wm. J. C. Dulany Co., City Printers and Stationers.

Attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Thurd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jany 24th 96
4. Place of Birth, (Street and Number) 39 N Brlair Road
5. Full Name of Mother, Anna E Schwarz
6. Mother's Maiden Name, Siever
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John C Schwarz
9. Father's Occupation Gardener
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, S P Shafner M D

Address, 1501 N Eager St

Remarks,

8960000008688

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth which shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72020

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 Jan 1920
4. Place of Birth, (Street and Number) 1828 Eastern Ave
5. Full Name of Mother, Maggie L Nelson
6. Mother's Maiden Name, Reed
7. Mother's Birthplace, Penna
8. Full Name of Father, Geo Leonard Scott
9. Father's Occupation Pilot
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Jas Ed Brooke

Address, 1828 Eastern Ave

Remarks, Living Well

8 9 6 0 0 0 0 8 6 9

Wm. J. C. Dulany Co., City Printers and Stationers.

In case the birth of any child ... attendance upon the mother, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d & Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 January 1894
4. *Place of Birth, (Street and Number)* 809 S Charles St
5. *Full Name of Mother,* Mary Genevieve
6. *Mother's Maiden Name,* O'Brien
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Louis D Hamilton
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Jno D A Banks

Address, 1182 E Eighth St

Remarks, Doing well

In case the birth of any child occurs without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960000008700

RETURN OF A BIRTH. 72022

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, January 25th 96.
4. Place of Birth, (Street and Number) 6 N. Luzerne st.
5. Full Name of Mother, Margaretha Lucas
6. Mother's Maiden Name, M. Cumberland
7. Mother's Birthplace, Washington D. C.
8. Full Name of Father, Theodore Lucas
9. Father's Occupation Clerk
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Charles H. A. Weyer M. D.

Address, 1019 N. Caroline st.

Remarks,

8966000008711

Wm. J. C. Dulany Co., City Printers and Stationers.

...attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 72024

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* Male Melvin Baumblatt
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Jan 25 1916.
4. *Place of Birth (Street and Number),* 730 N Baltimore St.
5. *Full Name of Mother,* Lena Baumblatt
6. *Mother's Maiden Name,* Lina Kaufmann.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Abraham Baumblatt.
9. *Father's Occupation,* Jeweler.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. William L. Somers

Address, 613 Park Ave

Remarks, Full name added by Mother when applying for transcript 10-25-32. Abraham Baumblatt 2nd Name

Publishing Co., City Printers and Stationers

8966008 73-

The birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4 - 1 - 54)
Hall of Records Commission

RETURN OF A BIRTH. 72023

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* Jan 25 1962
4. *Place of Birth, (Street and Number)* 938 Eutaw St
5. *Full Name of Mother,* Anne Walker
6. *Mother's Maiden Name,* Anne Wash
7. *Mother's Birthplace,* Eastern Va
8. *Full Name of Father,* Bartlett Walker
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Eastern Shore Va

Name of Medical Attendant, or other person who makes this Return, Charlotte Williams

Address, 910 Linden Hall St. Baltimore Md

Remarks,

attendance without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 72024

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether male or female),	Male Melvin Baumblatt
2. Race or Color (if not of the white race),	White
3. Date of Birth,	Jan 25 1916.
4. Place of Birth (Street and Number),	730 N Baltimore St
5. Full Name of Mother,	Lena Baumblatt
6. Mother's Maiden Name,	Lena Kaufmann.
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Abraham Baumblatt.
9. Father's Occupation,	Jeweler.
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	William P. Somers
Address,	613 Park Ave
Remarks,	Full name added by father when applying for transcript 10-25-32. Abraham Baumblatt Father.

8960003873

e Publishing Co., City Printers and Stationers

In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIR

A7202[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltim

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No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	January 27th 1896
4. *Place of Birth, (Street and Number*	561 Mosher St
5. *Full Name of Mother,*	Mary Rawlings
6. *Mother's Maiden Name,*	" Cook
7. *Mother's Birthplace,*	Bal
8. *Full Name of Father,*	Thomas
9. *Father's Occupation*	Sho
10. *Father's Birthplace,*	Va
Name of Medical Attendant,	or oth makes
	913 A

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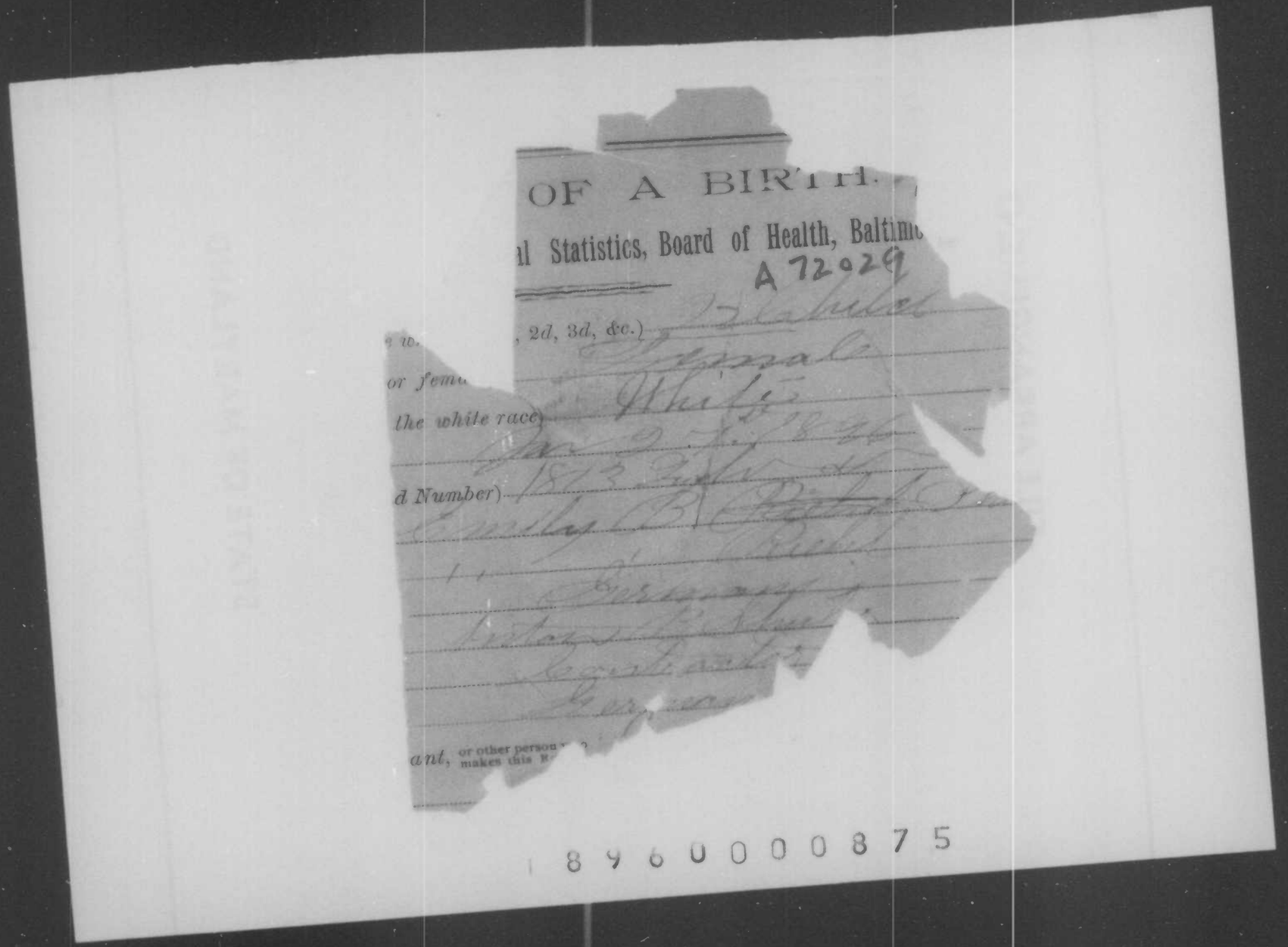

OF A BIRTH.

l Statistics, Board of Health, Baltim

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, 2d, 3d, &c.)

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the white race)

d Number)

ant, or other person

1896000875

RETURN OF A BIRTH. 72741

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Mar 1st 1896

4. Place of Birth, (Street and Number) 133 Fell St

5. Full Name of Mother, Mary Wolfe

6. Mother's Maiden Name, Mary E Barker

7. Mother's Birthplace, Germany

8. Full Name of Father, Julius Wolfe

9. Father's Occupation Stevedore

10. Father's Birthplace, Norway.

Name of Medical Attendant, or other person who makes this Return, Mrs M. E. Pengry

Address, 1223 Bank St

Remarks, City

Every Physician, Midwife, or other person who shall attend the birth of any child, shall within ten days thereafter deliver to the office of the Registrar of Vital Statistics, Board of Health, a correct list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

8960000876

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-72067

1. **PLACE OF BIRTH:** Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: E. Baltimore
(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore
(Specify whether months or days)

2. **USUAL RESIDENCE OF MOTHER:**
(a) State Maryland (b) County .....
(c) City or town Baltimore City
(If outside city or town limits, write RURAL)
(d) Street No. E. Baltimore
(If rural give location)

3. Full name of child ELLEN V. SIMS

4. Date of birth February 4, 1896
(Month) (Day) (Year)

5. Sex: Female | 6. Twin or triplet ..... If so—born 1st, 2d, or 3rd 1st | 7. Number weeks of pregnancy 9 mos | 8. Hour of birth ..... A. M.

FATHER OF CHILD

9. Full Name JOHN WESLEY SIMS
10. Color or race WHITE 11. Age at time of this birth ..... yrs.
12. Birthplace BALTIMORE COUNTY, MARYLAND
(City, town, or county) (State or foreign country)
13. Usual occupation MACHINIST
14. Industry or business .....

MOTHER OF CHILD

15. Full Maiden Name MARY ELIZABETH NICOLS
16. Color or race WHITE 17. Age at time of this birth ..... yrs.
18. Birthplace BALTIMORE CITY, MD.
(City, town, or county) (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. **Other children** born to mother (not including present child):
(a) How many other children of this mother are now living? 2
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. Mother's mailing address for registration notice:
12 N. HIGHLAND AVE.

23. **I hereby certify** to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ....., related to this child as .....

24. Date rec'd by local registrar February 1896

25. Signed DR. JAMES F. MCSHANE
Registrar

26. Given name added ..... by Registrar per .....

(Signed) .....
Physician (or midwife) who attended this birth (M. D. / Midwife)

or Robt E. Farber M.D.
Commissioner of Health and Registrar

Address .....

0760000877

Date .....

VS 100

Vol: 15

Folio: 2

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-72424

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: Baltimore, Maryland
(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore ..... (Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Md. (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL)
(d) Street No. 1610 E. Lombard St. (If rural give location)

3. Full name of child Leon Goldman

4. Date of birth Feb. 15 1896 (Month) (Day) (Year)

5. Sex: Male | 6. Twin or triplet ..... If so—born 1st, 2d, or 3rd ..... | 7. Number weeks of pregnancy ..... | 8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name Julius Goldman
10. Color or race - 11. Age at time of this birth - yrs.
12. Birthplace Maryland (City, town, or county) (State or foreign country)
13. Usual occupation -
14. Industry or business -

MOTHER OF CHILD

15. Full Maiden Name Rosa J. Hoffman
16. Color or race - 17. Age at time of this birth - yrs.
18. Birthplace Russia (City, town, or county) (State or foreign country)
19. Usual occupation -
20. Industry or business -

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 3
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. Mother's mailing address for registration notice:

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ....., related to this child as .....

24. Date rec'd by local registrar March 16 XX 1896

25. Signed Dr. James F. McShane Registrar

26. Given name added ..... by Registrar per .....

(Signed) Sanil J. Belt M. D.
Physician (or midwife) who attended this birth (Midwife)
or Robert E. Farber, M.D.
Commissioner of Health and Registrar

Address .....

JUL 8 1968
Date

VS 100

No information appears on the original filing for information not appearin on this certificate.

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-72465

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number:

(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore .....
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL)
(d) Street No. 115 Pearl Street
(If rural give location)

3. Full name of child Irene Elizabeth Watson

4. Date of birth Feb. 18 1896
(Month) (Day) (Year)

5. Sex: Female | 6. Twin or triplet ..... If so—born 1st, 2d, or 3rd ..... | 7. Number weeks of pregnancy ..... | 8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name Wm. H. Watson
10. Color or race W 11. Age at time of this birth ..... yrs.
12. Birthplace Maryland
(City, town, or county) (State or foreign country)
13. Usual occupation .....
14. Industry or business .....

MOTHER OF CHILD

15. Full Maiden Name Grace Ebert
16. Color or race W 17. Age at time of this birth ..... yrs.
18. Birthplace Maryland
(City, town, or county) (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 5
(b) How many other children were born alive but are now dead? 0
(c) How many children were born dead? 0

22. Mother's mailing address for registration notice:
115 Pearl Street

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ....., related to this child as .....

24. Date rec'd by local registrar March 18 19 1896

25. Signed Dr. James F. McShane
Registrar

26. Given name added ..... by Registrar per .....

(Signed) R. G. Davis M.D.
Physician (or midwife) who attended this birth (Midwife)
or G. Grace E. Ebert M.D.
Commissioner of Health and Registrar
Address .....
OCT 28 1969
Date

8 7 8 0 0 0 0 8 7 9

VS 100

No information appears on the original filing for information not appearing on this certificate.

BALTIMORE CITY HEALTH DEPARTMENT 1896

CERTIFICATE OF LIVE BIRTH

Registered No. A-72646

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: Eden Street
(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore .....
(Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County .....
(c) City or town Baltimore
(If outside city or town limits, write RURAL)
(d) Street No. Eden Street
(If rural give location)

3. Full name of child AMELIA (MILLIE) FRIEDMAN

4. Date of birth Feb. 7, 1896
(Month) (Day) (Year)

5. Sex: Female | 6. Twin or triplet ..... If so—born 1st, 2d, or 3rd 1st | 7. Number weeks of pregnancy ..... | 8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name Jacob Friedman
10. Color or race White 11. Age at time of this birth ..... yrs.
12. Birthplace Lithuania
(City, town, or county) (State or foreign country)
13. Usual occupation Teacher
14. Industry or business .....

MOTHER OF CHILD

15. Full Maiden Name Sarah Rebecca Kramer
16. Color or race White 17. Age at time of this birth ..... yrs.
18. Birthplace Lithuania
(City, town, or county) (State or foreign country)
19. Usual occupation Housewife
20. Industry or business .....

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? .....
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Mother's mailing address for registration notice: .....

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ....., related to this child as Self

24. Date rec'd by local registrar February 1896

25. Signed Dr. James F. McShane
Registrar

26. Given name added ..... by Registrar per .....

(Signed) .....
Physician (or midwife) who attended this birth (Midwife) M. D.
or Audrey Winston
Commissioner of Health, Baltimore
State Registrar of Vital Records
Address .....
Date .....

VS 100

1896 00 00 8 8 0

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore C.

A 72734

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. Sex, (State whether male or female) Male

Race or color, (if not of the white race) White

Date of Birth, March 4th 1896

Place of Birth, (Street and Number) 1020 Hanover St

Full Name of Mother, Emma Reed

Mother's Maiden Name, " Buston

Mother's Birthplace, Balto City

Full Name of Father, Amos Reed

Father's Occupation, Clerk

Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. Dr. [illegible]

Address, 220 N. [illegible]

Marks,

8960000881

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimor

A72735

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, March the 1 1896
4. Place of Birth, (Street and Number) 1716 Boyd st
5. Full Name of Mother, Anne groath
6. Mother's Maiden Name, Anne James
7. Mother's Birthplace, Baltimre
8. Full Name of Father, Harry groath
9. Father's Occupation Labours
10. Father's Birthplace, germany

Name of Medical Attendant, or other person who makes this Return, Sarah Jan Thos

Address, 124 west Hurey st

Remarks, full 9 months

Wm. J. C. Dulz

0 0 0 0 8 8 2

...ntained the full name of each child, (if any shall have ...name and occupation of its parents, the date and place of birth; and the ...delivered, duly signed by the practitioner in the form of a certificate between the first and ...during day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 4-4-60

RETURN OF A BIRTH.

72136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry Charles Rubly

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 1st 96.
4. Place of Birth, (Street and Number) 1526 Fremont Ave.
5. Full Name of Mother, W. E. Rubly.
6. Mother's Maiden Name, Keuhn
7. Mother's Birthplace, Balto.
8. Full Name of Father, Chas. F. Rubly
9. Father's Occupation Machinist
10. Father's Birthplace, Bartelyn P. O.

Name of Medical Attendant, or other person who makes this Return, J. H. Christian

Address,

Remarks,

Wm. J. C. Dulany Co,. City Printers and Stationers.

8960000883

The physician or practioner of midwifery, or other person who shall attend upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 7-27-55

RETURN OF A BIRTH. 72937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Simon George Zimmerer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th 8th 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7th of March 1876
4. *Place of Birth, (Street and Number)* No 412 Caroline St
5. *Full Name of Mother,* Mary (Emma) Zimmerer
6. *Mother's Maiden Name,* Mary Kinkelman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George (Louis) Zimmerer
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Wm H. Lauer

Address, No 1054 Harford Ave

Remarks, Bal. Md.

1876

Wm. J. C. Dulany Co., City Printers and Stationers.

8960000884

...attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 1 1896
4. *Place of Birth, (Street and Number)* 222 Mt Elliott Lane
5. *Full Name of Mother,* Minerva R Staley
6. *Mother's Maiden Name,* Minerva R Edwards
7. *Mother's Birthplace,* Staunton Va
8. *Full Name of Father,* Charles R Staley
9. *Father's Occupation* Steam Fitter
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Elizabeth Hickey

Address, Lehmans Lane Balto City

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8960000885

KODAK D SAFETY FIL

RETURN OF A BIRTH. 72739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d &c.) 6 & 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 1st 1896
4. Place of Birth, (Street and Number) 509 Hargrove alley
5. Full Name of Mother, Sarah Long
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father, John Long
9. Father's Occupation Labor
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mrs Charity Jones

Address, 515 Hargrove Alley.

Remarks,

8 9 6 0 0 0 0 8 8 6

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 1st 1896
4. *Place of Birth, (Street and Number)*	405 Shark St
5. *Full Name of Mother,*	Fanny Willner
6. *Mother's Maiden Name,*	" Wolpe
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Abr. Willner
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return	Jos. Blum
Address,	405 Shark St
Remarks,	

In case the birth of any child shall occur without the attendance upon the mother, immediately thereafter, of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960000000887

RETURN OF A BIRTH. 72742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second one

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) Collard
3. Date of Birth, March 1, 1896
4. Place of Birth, (Street and Number) Ashland Ave 1520
5. Full Name of Mother, Mary Jane Lee
6. Mother's Maiden Name, Mary Jane Alston
7. Mother's Birthplace, Henderson North Carolina
8. Full Name of Father, George Washington Lee,
9. Father's Occupation Laborer
10. Father's Birthplace, Louisburge N. C.

Name of Medical Attendant, or other person who makes this Return, Caroline Paterson

Address, Lewis street 419

Remarks, Doing as well as can expect

Wm. J. C. Dulany Co., City Printers and Stationers.

8960000888

Health. This return shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72

A72743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1 March
4. *Place of Birth, (Street and Number)*	600 Ann St.
5. *Full Name of Mother,*	Mery Kiminska
6. *Mother's Maiden Name,*	Bialozynska
7. *Mother's Birthplace,*	Pole
8. *Full Name of Father,*	Kiminsky
9. *Father's Occupation*	Workman
10. *Father's Birthplace,*	Pole
Name of Medical Attendant, or other person who makes this Return.	
Address,	S. Bond St. 838
Remarks,	Mery Bretl.

18960000889

Wm. J. C. Dulany Co., City Printers and Stationers

ETURN OF A BIRTH

Office of Registrar of Vital Statistics, Board of Health, B

A72747

a of Mother, (state whether 1st, 2d, 3d, &c.) 1.

te whether male or female) Female

if not of the white race) W.

2 Mch. 1896

treet and Number) 2104 Oak St

Mother, Mary Hall Alle

Name, Boblitz.

ace, Md

Wm F. Albaugh

L St.

ant, or other person who makes this Return.

1960000890

RETURN OF A BIRTH. 72748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 of March
4. Place of Birth, (Street and Number) 210 Chester Str
5. Full Name of Mother, Fanni Gibson
6. Mother's Maiden Name, Fanni F Tankersley
7. Mother's Birthplace, Sommerset County
8. Full Name of Father, Thomas Gibson
9. Father's Occupation, Collector
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ida Hills

Address, 209 N Castle St

Remarks, — — 8 9 6 0 0 0 0 8 9 1

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* March th 2 1896
4. *Place of Birth, (Street and Number)* Hill st 115
5. *Full Name of Mother,* Sine Tuberlee
6. *Mother's Maiden Name,* Sine reenolds
7. *Mother's Birthplace,* North Thumberland County virginia
8. *Full Name of Father,* John reenolds
9. *Father's Occupation* Labour
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Sarah Jane Thomisson

Address, 124 west Henry st

Remarks, full 9 months

8960000892

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-5-58

RETURN OF A BIRTH. 72550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Carrie Louise Conrad

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 2nd 1896
4. Place of Birth, (Street and Number) 1710 E. Chase
5. Full Name of Mother, Martha E. Conrad
6. Mother's Maiden Name, " " Potter
7. Mother's Birthplace, Germany
8. Full Name of Father, William D. Conrad
9. Father's Occupation Carpenter
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Ezra E. C. Brooks

Address, 1828 Biddle St.

Remarks, Boring male

8960000893

Wm. J. C. Dulany Co., City Printers and Stationers.

Said Coroner, its sex, Color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 The

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 2th
4. *Place of Birth, (Street and Number)* 847 Woodyard St
5. *Full Name of Mother,* Sop. A. Gause
6. *Mother's Maiden Name,* — — Markouse
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harman Gause
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mari Hilter

Address, 612 Hamburg St

Remarks, 8 9 6 0 0 0 0 8 9 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, March 4th 2 1896
4. Place of Birth, (Street and Number) West st 67
5. Full Name of Mother, ginney Burt
6. Mother's Maiden Name, ginney Pulley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Burt
9. Father's Occupation Laburer
10. Father's Birthplace, North Humberlan County

Name of Medical Attendant, or other person who makes this Return, sarrah Jane Thomison

Address, 124 west Hurey st

Remarks, full 9 months

8960000895

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 March
4. *Place of Birth, (Street and Number)* # 729 S. Dallas St.
5. *Full Name of Mother,* Mary Allyeier
6. *Mother's Maiden Name,* Blazkey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Allyeier
9. *Father's Occupation* Stevedor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return,

Address, E. Bond St. 838

Remarks, Mary Brett.

8960000896

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 12754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.
1. *Sex, (state whether male or female)*	Female,
2. *Race or Color, (if not of the white race)*	W.
3. *Date of Birth,*	2 Mch. 1896.
4. *Place of Birth, (Street and Number)*	1035 N. Stricker St,
5. *Full Name of Mother,*	Kate A. Watts,
6. *Mother's Maiden Name,*	Dove,
7. *Mother's Birthplace,*	Elkton, Md,
8. *Full Name of Father,*	J. D. B. Watts,
9. *Father's Occupation,*	Policeman,
10. *Father's Birthplace,*	Annapolis, Md
Name of Medical Attendant, or other person who makes this Return.	J. T. Eyler M. D.
Address,	1007 W. Fayette St
Remarks,	8960000897

Every Child born alive, Color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 72755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March the 2 1896
4. *Place of Birth, (Street and Number)* 912 Saratoga St
5. *Full Name of Mother,* Philippie Weber
6. *Mother's Maiden Name,* — — Young
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Gusa Weber
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, E M A Tedder

Address, 1004 West Lexington St

Remarks,

8960000898

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 2nd 1899
4. Place of Birth, (Street and Number) No: 36 Stafford St
5. Full Name of Mother, Augusta Beckman
6. Mother's Maiden Name, Augusta Fietke
7. Mother's Birthplace, Germany
8. Full Name of Father, Rudolph Beckman
9. Father's Occupation Grocerier Store keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 8 9 6 0 0 0 0 8 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Boy Child
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 march 1896
4. *Place of Birth, (Street and Number)* 102 E Eager st
5. *Full Name of Mother,* Mary Ann Hale
6. *Mother's Maiden Name,* Mrs. Morris
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Martin Morris
9. *Father's Occupation* Labour
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Miss S. Hunter,

Address, 23 N. Poppleton st,

Remarks,

8960000009000

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,*
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8960000901

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 3 March 1902

4. *Place of Birth, (Street and Number)* 2120 E Chase St

5. *Full Name of Mother,* Sylvia E Zulu Otten

6. *Mother's Maiden Name,* Ballo

7. *Mother's Birthplace,* Williamsport Md

8. *Full Name of Father,* Edgar Zulu Otten

9. *Father's Occupation* Baker

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Chas E A Bowles

Address, 1828 Eighth St

Remarks, Boring well

8960000902

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* — — —
3. *Date of Birth,* 2/8/96
4. *Place of Birth, (Street and Number)* No 1024 Granby Str.
5. *Full Name of Mother,* Dina Wirth
6. *Mother's Maiden Name,* nee Feuerwerker
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Wirth
9. *Father's Occupation* Diner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Ires.

Address, No 1907 E. Monument Str.

Remarks,

8960000903

Wm. J. C. Dulany Co., City Printers and Stationers.

The schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 3rd 1896
4. Place of Birth, (Street and Number) 620 Baker Street
5. Full Name of Mother, Clara Isaac Tracey
6. Mother's Maiden Name, Clara Isaac Mansfield Isaac
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Tracey
9. Father's Occupation, Stonemason
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return, Albert S. Peterson MD

Address, 103 W. Pratt St

Remarks, 8960000904

Wm J C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. *Sex, (state whether male or female)*	Girl.
2. *Race or Color, (if not of the white race)*	white.
3. *Date of Birth,*	3. March
4. *Place of Birth, (Street and Number)*	115 Chapel Street.
5. *Full Name of Mother,*	Kunigunde Wehner.
6. *Mother's Maiden Name,*	Kuni Dietrich.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Wilh Wehner.
9. *Father's Occupation*	Businessman.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return,	Mary Kloss.
Address,	1-9. Wolfe Street.
Remarks,	8960000905

Wm. J. C. Dulany Co., City Printers and Stationers.

...sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mar Lord 3 1/10

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Mar 3 1/96

4. Place of Birth, (Street and Number) Walbrake Balto And

5. Full Name of Mother, Jennie Gardner

6. Mother's Maiden Name, Jennie Gardner

7. Mother's Birthplace, Enuka Co Va

8. Full Name of Father, Rufus M Gardner

9. Father's Occupation, Butcher

10. Father's Birthplace, Annandle Co And

Name of Medical Attendant, or other person who makes this Return, Lucinder Mitchel

Address, 1530 Woodyear Ln

Remarks, 8960000906

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Mar 3rd, 1896
4. *Place of Birth, (Street and Number)* # 232 Chestnut st.
5. *Full Name of Mother,* Mrs Belle Moorley
6. *Mother's Maiden Name,* Miss Belle Adams
7. *Mother's Birthplace,* Annapolis Md
8. *Full Name of Father,* Jeff Moorley
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Richmond Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs Cordelia Howard

Address, # 1013 N. Chapel st

Remarks,

8960000907

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-2-57

RETURN OF A BIRTH. 72765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Grace Elizabeth Jones

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether ~~male~~ or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 3rd 1896
4. Place of Birth, (Street and Number)	633 Conway street
5. Full Name of Mother,	Lillian Jones
6. Mother's Maiden Name,	Lillian Schultz
7. Mother's Birthplace,	Carrol Co
8. Full Name of Father,	Walter Jones
9. Father's Occupation	Machinist
10. Father's Birthplace,	Jonestown Howard Co
Name of Medical Attendant, or other person who makes this Return.	Dr J W. Kennard
Address,	708 Enon street
Remarks,	Good Weight 7 ½ lbs

8960000908

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72,766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

OCT - 6 1920

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Harry a.o.J

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 3rd 1896
4. Place of Birth, (Street and Number) 12 S. Exeter st.
5. Full Name of Mother, Selda Kaplan
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Elias Kaplan
9. Father's Occupation. Merchant
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

8960000909

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female,
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	March 3, 96
4. *Place of Birth, (Street and Number)*	118 Port St
5. *Full Name of Mother,*	Lizzie Markwitz
6. *Mother's Maiden Name,*	" Radke
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Joe Markwitz
9. *Father's Occupation*	Bricklayer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Wm J. Watson
Address,	1519 N. Broadway
Remarks,	

1 8 9 6 0 0 0 0 9 1 0

Wm. J. C. Dulany Co., City Printers and Stationers.

This Return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 2d 1896
4. *Place of Birth, (Street and Number)* 117 Penny St
5. *Full Name of Mother,* Annie Lahlman
6. *Mother's Maiden Name,* Annie Seitz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Antone Lahlman
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs M. E. Pugsley

Address, 2225 Bank St

Remarks, Cuba

8960000911

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 3-13-58

RETURN OF A BIRTH. 72769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frances Meier

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Child.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, February 1896.
4. Place of Birth, (Street and Number) Linden Ave 1444.
5. Full Name of Mother, Meier, Franziska ~~Hagn~~.
6. Mother's Maiden Name, " Comanska
7. Mother's Birthplace, Germany
8. Full Name of Father, Meier, John ~~Hagn~~
9. Father's Occupation Leber.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Lizzie Schaffer

Address, E Fayette ave 1703.

Remarks,

8960000912

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Drunk

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 4th 1896
4. *Place of Birth, (Street and Number)* 1427 E Eager St
5. *Full Name of Mother,* Mary C Schwartz
6. *Mother's Maiden Name,* Baumhauer
7. *Mother's Birthplace,* Memphis Tenn
8. *Full Name of Father,* Wm H Schwartz
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, S H Sellers M D

Address, 1504 E Eager St

Remarks, 8960000913

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* March 5th 1896
4. *Place of Birth, (Street and Number)* 905 Concord St.
5. *Full Name of Mother,* Mary Shark.
6. *Mother's Maiden Name,* Mary Bond.
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Hillary Shark Jr.
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Clara Brent.

Address. 916 Clifton Place

Remarks, A Jaundice birth. Had no trouble whatever

8960000914

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 72772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 2 March 1906

4. *Place of Birth, (Street and Number)* 1322 E Chase St

5. *Full Name of Mother,* Dora Muddy

6. *Mother's Maiden Name,* " Pierce

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* John Mullen

9. *Father's Occupation* Baker

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Wm E. A. Brooks

Address, 1828 Eight St

Remarks, Dead Born

0960000915

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 15th
4. Place of Birth, (Street and Number) Columbia ave
5. Full Name of Mother, Mary Elizabeth Shawter
6. Mother's Maiden Name, " " Follmer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Shawter
9. Father's Occupation Brass
10. Father's Birthplace, Howard Co Md

Name of Medical Attendant, or other person who makes this Return, Susan Walters

Address, 1218 Bayard St

Remarks, 8760000916

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5th March 1896
4. Place of Birth, (Street and Number) No 723 Canton St
5. Full Name of Mother, Mary Geraghty
6. Mother's Maiden Name, Mary Moylan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Cadwy Geraghty
9. Father's Occupation Saloon
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Ch. Lauer

Address, No 1054 Hanford Ave

Remarks, Bal. Md

8960000917

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Estelle N Ries

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	
3. Date of Birth,	March 5 1896.
4. Place of Birth, (Street and Number)	1919 Druid Hill Ave
5. Full Name of Mother,	Helen Ries
6. Mother's Maiden Name,	" Hirshberg
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Elias E Ries
9. Father's Occupation	Electrician
10. Father's Birthplace,	Germany.
Name of Medical Attendant, or other person who makes this Return,	Thomas Optic
Address,	219 W Monument St
Remarks,	GIVEN NAME ADDED 4-12-54
	8960006 1918

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-9-57

RETURN OF A BIRTH. 72776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ada M Smith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Thursday Mar 5 96
4. *Place of Birth, (Street and Number)* 1140 Carroll st
5. *Full Name of Mother,* Massie Maria Smith
6. *Mother's Maiden Name,* Massie Maria Cantley
7. *Mother's Birthplace,* Charleston W Va
8. *Full Name of Father,* Henry Charles Smith
9. *Father's Occupation* Clothing Cutter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Wilhelmina Bennish

Address, 802 W Baltimore st

Remarks,

8960000919

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, March 5 96
4. Place of Birth, (Street and Number) 206 ~~Chapel~~ Eliot Bethel
5. Full Name of Mother, Sarah Pitts
6. Mother's Maiden Name, " " not named
7. Mother's Birthplace, Baltimore
8. Full Name of Father, (?)
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin M.D.

Address, The Johns Hopkins Hospital

Remarks, 8960000920

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 5th 1896
4. *Place of Birth, (Street and Number)* 407 Short Street
5. *Full Name of Mother,* Nellie Williams
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Jane Ivest

Address, 834 Sterling Street

Remarks,

8960000921

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Thursday March 5th 96. (7 A.M.)
4. Place of Birth, (Street and Number) 1833 Edmondson Ave.
5. Full Name of Mother, Bessie Crockett
6. Mother's Maiden Name, Bessie Manford
7. Mother's Birthplace, Martinsburg W. Va
8. Full Name of Father, Jno. W. Crockett
9. Father's Occupation Salesman
10. Father's Birthplace, York County Va

Name of Medical Attendant, or other person who makes this Return, E. Brockenbrough

Address, 112 W. Mulberry St

Remarks, 8 9 6 U 0 Bolgs 2 Rec

third day of each and every month to the office of the Commissioner of Health. And the shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72780

GIVEN NAME ADDED 11-8-61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Lawson Thomas

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3-b child

1. Sex, (state whether male or female) Mail
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 5 March — 1896
4. Place of Birth, (Street and Number) 1624 Riv Calvert alley
5. Full Name of Mother, Maria Thomas
6. Mother's Maiden Name, Ina Ria Thomas
7. Mother's Birthplace, Calvert Co Md Unch
8. Full Name of Father, Thomas H Thomas
9. Father's Occupation, Public-Works
10. Father's Birthplace, Calvert Co Md

Name of Medical Attendant, or other person who makes this Return, Sarah Rolling

Address, 1610 Riv Calvert alley

Remarks, 8960000923

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Negro
3. *Date of Birth,*	March 5th 1896
4. *Place of Birth, (Street and Number)*	2122 Etting St
5. *Full Name of Mother,*	Maggie Mary Morgan
6. *Mother's Maiden Name,*	Maggie Mary Morgan
7. *Mother's Birthplace,*	Mathews Co Va
8. *Full Name of Father,*	Charles Morgan
9. *Father's Occupation*	Oysterman
10. *Father's Birthplace,*	Mathews Co Va
Name of Medical Attendant, or other person who makes this Return,	Fred Clarke Jewett M.D.
Address,	2238 Druid Hill Ave
Remarks,	8960000924

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 72782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 6 May 1946

4. Place of Birth, (Street and Number) 6 E Pratt St

5. Full Name of Mother, Sophia D. Tiffany

6. Mother's Maiden Name, " " Riddel

7. Mother's Birthplace, Balto

8. Full Name of Father, Frederick Tiffany

9. Father's Occupation Brass Maker

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary E. A. Brooks

Address, 1822 Eastern Ave

Remarks, Born Well

8960000925

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, March 6th 1896.
4. Place of Birth, (Street and Number) #2201 East Eastern Ave.
5. Full Name of Mother, Katie Single.
6. Mother's Maiden Name, Katie Nellis.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Michael J. Single.
9. Father's Occupation, Fireman.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor.

Address, #611 S. Patterson Pk Ave. Balto Md.

Remarks,

8960000926

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 72784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 7 th

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* 6 day of March 1946
4. *Place of Birth,* (*Street and Number*) 1742 Hanover st. Baltimore City
5. *Full Name of Mother,* Lizabeth Wagner
6. *Mother's Maiden Name,* L. Mickel
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John Wagner
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Dr Annie M. Goller

Address, 1703 Hanover st. Baltimore City

Remarks,

8960000927

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 72785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 6th
4. Place of Birth, (Street and Number) S. W. Washington st
5. Full Name of Mother, Bertie R Blades
6. Mother's Maiden Name, Walker
7. Mother's Birthplace, Somerset Co, Md
8. Full Name of Father, John T Blades
9. Father's Occupation Solicitor
10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other person who makes this Return, M A Thompson

Address, 2024 E Pratt

Remarks, Done Well

8 7 6 0 0 0 0 9 2 8

The said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 6th March 1896
4. Place of Birth, (Street and Number) 1132 Low st
5. Full Name of Mother, Rachel Larcher
6. Mother's Maiden Name, " Orlicky
7. Mother's Birthplace, Poland
8. Full Name of Father, Isaac Larcher
9. Father's Occupation Shoemaker
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mrs. Rose Ulbig

Address, 1302 E. Lexington st

Remarks,

8 9 6 0 0 0 0 9 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

The Certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, or such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72787

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ld of Mother, (state whether 1st, 2d, 3d, &c.)	Mothers of Child #1
tate whether male or female)	Male
r Color, (if not of the white race)	Colored race
of Birth,	March 6-1896
f Birth, (Street and Number)	2130 Mures St
ame of Mother,	Mark E Carter
s Maiden Name,	Mary Woodland
s Birthplace,	Baltimore City Md
ame of Father,	Frank A Carter
s Occupation	Waiter
s Birthplace,	Dr Murphy Co Md
f Medical Attendant, or other person who makes this Return,	Mrs Mary Dade
	514 Bloom street
,	
s,	

8 7 6 0 0 0 0 0 9 3 0

inters and Stationers.

RETURN OF A BIRTH. 72788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~1522 Hanover~~ March 6th 1896
4. Place of Birth, (Street and Number) 1522 Hanover St.
5. Full Name of Mother, Clara Susan Smeltzer
6. Mother's Maiden Name, Clara Susan Schaeffer.
7. Mother's Birthplace, Carroll Co. Maryland
8. Full Name of Father, David Benton Smeltzer.
9. Father's Occupation Laborer.
10. Father's Birthplace, Carroll Co Maryland.

Name of Medical Attendant, or other person who makes this Return, Thomas J. Talbott M.D.

Address, 2532 Pennsylvania Ave.

Remarks,

6 9 6 0 0 0 0 9 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* March Friday 6th 1896.
4. *Place of Birth, (Street and Number)* 238 Duncan Alley
5. *Full Name of Mother,* Julia Berry
6. *Mother's Maiden Name,* Julia Jane Carter
7. *Mother's Birthplace,* Talbot County Md.
8. *Full Name of Father,* John W. Berry
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other person who makes this Return. Cordelia Howard

Address, # 1613 D. Chapel st.

Remarks,

8960000932

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 7. (2.30. A. M.)
4. Place of Birth, (Street and Number) 939. Bevan Street.
5. Full Name of Mother, Katherine Westenhofer.
6. Mother's Maiden Name, Debus,
7. Mother's Birthplace, Wolfgruben - near Biedenkopf - Germany
8. Full Name of Father, Franz Daniel Westenhofen
9. Father's Occupation Painter.
10. Father's Birthplace, Perleburg - Westphalen - Germany

Name of Medical Attendant, or other person who makes this Return, Frau M. Kamm (Mid-wife)

Address, Mother's Relief Society, 632 N. Fremont Ave.

Remarks, (Baby was leaving town, died 9 o'clock March 7.

(2.

Wm. J. C. Dulany Co., City Printers and Stationers.

8966000009333

Every birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72 791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 8 1876
4. Place of Birth, (Street and Number) 1519 Fleetman St
5. Full Name of Mother, Mary Anne Wagner
6. Mother's Maiden Name, Townsend
7. Mother's Birthplace, Balto City
8. Full Name of Father, Jno G. Wagner
9. Father's Occupation Upholsterer
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Charles J. Buck M.D

Address, 1817 Edmondson Ave.

Remarks,

8 9 6 U 0 0 0 9 3 4

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 8th 96
4. *Place of Birth, (Street and Number)* 506 Mc. Columbus
5. *Full Name of Mother,* Catherine Cobb Rice
6. *Mother's Maiden Name,* " " Coleman
7. *Mother's Birthplace,* B. C.
8. *Full Name of Father,* Peter L. Rice
9. *Father's Occupation* Clerk.
10. *Father's Birthplace,* B. C.

Name of Medical Attendant, or other person who makes this Return, Duncan F. Kilbourn M.D.

Address, 1101 N. Fayette Ave

Remarks,

1896 00000935

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 8th 96.
4. *Place of Birth, (Street and Number)* 1136 Stockholm St.
5. *Full Name of Mother,* Carrie Wilson
6. *Mother's Maiden Name,* Carrie Ano
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Robert S. Wilson
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Okie. M.D.

Address, 1203 W. Fayette St.

Remarks,

by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

0 9 6 0 0 0 0 9 3 6

RETURN OF A BIRTH. 72794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Wht.
3. *Date of Birth,* 8 March 1896.
4. *Place of Birth, (Street and Number)* 2065 Howard St
5. *Full Name of Mother,* Louise Lepper
6. *Mother's Maiden Name,* Louise Ekstrom
7. *Mother's Birthplace,* Baltimor M D.
8. *Full Name of Father,* Charles Lepper
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Baltimor M D

Name of Medical Attendant, or other person who makes this Return. Ellen Smith

Address, 304 S Washington St

Remarks, 7 months Birth Died 1 hour after Birth

8960000937

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 8th 1846
4. Place of Birth, (Street and Number) 1313 W Pratt St
5. Full Name of Mother, Mrs P J Lauer
6. Mother's Maiden Name, Emma C. Blair
7. Mother's Birthplace, Balto
8. Full Name of Father, Peter J Lauer
9. Father's Occupation Iron moulder
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs Hunter

Address, 23 N Poppleton St

Remarks,

8960000938

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 8 of March 1896
4. Place of Birth, (Street and Number) No 806 Fremont Ave
5. Full Name of Mother, Ella Magersupp
6. Mother's Maiden Name, Ella Fisher
7. Mother's Birthplace, Georgetown D. C.
8. Full Name of Father, J. W. Magersupp
9. Father's Occupation Sadler
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Ch. Lauer

Address, No 1059 Harford Ave

Remarks, Bal. Md

1896

8960000939

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 72797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 8th 1896
4. *Place of Birth, (Street and Number)* 553 N. Biddle St
5. *Full Name of Mother,* Laura Harris
6. *Mother's Maiden Name,* Laura Jones
7. *Mother's Birthplace,* Northumberland Co Va
8. *Full Name of Father,* Nathan Harris
9. *Father's Occupation* Coachman
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1024 Park Ave

Remarks,

8960000940

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 72798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 6 1896
4. Place of Birth, (Street and Number) 211 Garrison Avenue
5. Full Name of Mother, Mary E Selby
6. Mother's Maiden Name, Mary E Cunningham
7. Mother's Birthplace, Oregon U.S.A.
8. Full Name of Father, Wm C Selby
9. Father's Occupation, Real Estate agent
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Houghton Fowler M.D.

Address, 336 E 21st

Remarks,

8960000941

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 10-26-54

RETURN OF A BIRTH. 72799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Katherine Emma Kraft

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	8 March 1896
4. *Place of Birth, (Street and Number)*	1622 East Aven.
5. *Full Name of Mother,*	Bertha Kraft.
6. *Mother's Maiden Name,*	Kaffenberger
7. *Mother's Birthplace,*	Boston Mass
8. *Full Name of Father,*	Gustav Kraft
9. *Father's Occupation*	Boiler maker
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return,	
Address,	1331 Hull st Locust Point.
Remarks,	

8960000942

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8th March
4. Place of Birth, (Street and Number) No 1142 Baxter St
5. Full Name of Mother, Bertha Frank
6. Mother's Maiden Name, " Kretchman
7. Mother's Birthplace, Germany
8. Full Name of Father, Ludwig Frank
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs A. M. Bischoff

Address, No 1137 Carroll St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

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shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	8 March 1896.
4. *Place of Birth, (Street and Number)*	Andre Ave. 1316.
5. *Full Name of Mother,*	Lizzie Schumacher
6. *Mother's Maiden Name,*	Seebold
7. *Mother's Birthplace,*	Coburg Saksen Germany
8. *Full Name of Father,*	Philipp Schumacher
9. *Father's Occupation*	Leber
10. *Father's Birthplace,*	Germanye
Name of Medical Attendant, or other person who makes this Return,	Lizzie Schumacher
Address,	E Fort Ave No 1703.
Remarks,	

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 72802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 8 July 99
4. *Place of Birth, (Street and Number)* 1015 Whatelet St
5. *Full Name of Mother,* Frances Braxton
6. *Mother's Maiden Name,* Smith
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Samuel Braxton
9. *Father's Occupation* Work Brickyard
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Mary E Jones

Address, 1101 Saratoga St

Remarks,

This Certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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GIVEN NAME ADDED 3-12-60

RETURN OF A BIRTH, 2803

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Frances Tubbs ——, st

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex* (state whether male or female) Female
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth* March 8th 1896
4. *Place of Birth*, (Street and Number) 2447 Greenmount ave
5. *Full Name of Mother* Alice Lee Tubbs
6. *Mother's Maiden Name* Alice Lee Melvin
7. *Mother's Birthplace* Caroline Co. Md
8. *Full Name of Father* Edward T. Tubbs
9. *Father's Occupation* Journalist
10. *Father's Birthplace* Wilmington, Delaware

Name of Medical Attendant, or other Person who makes this Return. Amanda T. Norris

Address 871 Harlem Avenue

Remarks

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

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RETURN OF A BIRTH 12804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 9th 96

4. Place of Birth, (Street and Number) 232 S Madeira St

5. Full Name of Mother, Margaret V. Klein

6. Mother's Maiden Name, Keaney

7. Mother's Birthplace, Balto City

8. Full Name of Father, Charles E Klein

9. Father's Occupation, Laborer

10. Father's Birthplace, Balto City

Name of Medical Attendant, or other Person who makes this Return. Dr Maguire

Address, 1729 E Baltimore St

Remarks,

8960000347

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

urphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 72805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 March 1846
4. *Place of Birth, (Street and Number)* 504 Fort ave
5. *Full Name of Mother,* Mary A. Haus
6. *Mother's Maiden Name,* " " Frankl
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles C. Haus
9. *Father's Occupation* Tanner
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Jas E A Brooks

Address, #1828 Light St

Remarks, Doing well

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 72806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 9 1896.
4. *Place of Birth, (Street and Number)*	2729 Lillon St
5. *Full Name of Mother,*	Mary Matson.
6. *Mother's Maiden Name,*	Cisco
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George W. W. Matson
9. *Father's Occupation*	Railroader.
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	E. O. Harrington.
Address,	924 Bimey St.
Remarks,	

Every birth occurring in any family must be reported within ten days thereafter, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 72807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar. 9th 1896.
4. Place of Birth, (Street and Number) 1314 E. Fayette st.
5. Full Name of Mother, Mary E. White
6. Mother's Maiden Name, " " Hudgins
7. Mother's Birthplace, Virginia
8. Full Name of Father, Geo. F. White
9. Father's Occupation Book Binding
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline st.

Remarks,

1896U0000950

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 Ninth of March
4. *Place of Birth, (Street and Number)* Baltimore Road 2c 1033
5. *Full Name of Mother,* Joanna Canalangh
6. *Mother's Maiden Name,* Joanna Martin
7. *Mother's Birthplace,* Harford County
8. *Full Name of Father,* Jeremiah Canalangh
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Hamilton

Address, 23 N Gapplelton St

Remarks, Susan Hunter

8960000951

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 9th 196
4. *Place of Birth, (Street and Number)*	No 713 Light St
5. *Full Name of Mother,*	Lillie C Kearney
6. *Mother's Maiden Name,*	Lillie C Luebungen
7. *Mother's Birthplace,*	Balto md
8. *Full Name of Father,*	John J Kearney
9. *Father's Occupation*	Machinist
10. *Father's Birthplace,*	Cincinnata Ohio
Name of Medical Attendant, or other person who makes this Return,	Mrs E A Brooks
Address,	#1828 Light St
Remarks,	Doing well

The above return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960000952

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72.810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First Child
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	March 9th
4.	*Place of Birth, (Street and Number)*	217 - Pearl str
5.	*Full Name of Mother,*	Jane R Harris
6.	*Mother's Maiden Name,*	" " Poplets
7.	*Mother's Birthplace,*	Balto County
8.	*Full Name of Father,*	Thomas R Harris
9.	*Father's Occupation,*	Farmer
10.	*Father's Birthplace,*	Balto County
	Name of Medical Attendant, or other person who makes this Return,	W. Winter Bull M.D.
	Address,	# 122 N Paca str
	Remarks,	

The certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

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RETURN OF A BIRTH. 72811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* March 9th — 96
4. *Place of Birth, (Street and Number)* 1366 W. Calhoun St
5. *Full Name of Mother,* Sallie Johnson
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, Milton D. Brown M.D.

Address, 1324 W. Calhoun St.

Remarks,

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third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 2d 1896
4. Place of Birth, (Street and Number) 1539 Penna Ave
5. Full Name of Mother, Jennie Hemminger
6. Mother's Maiden Name, " Black
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, Edward Hemminger
9. Father's Occupation Hostler
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return, Faoli & Def

Address, 1617 W Baltimore St

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 72813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: James Doney

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 March 1896
4. Place of Birth, (Street and Number) Cardina St. 330
5. Full Name of Mother, Caroline (Galine) (Toni) Doney
6. Mother's Maiden Name, Bernhard
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph (Toni) Doney
9. Father's Occupation Trajbl
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, S. Bond St. 838

Remarks, Mary Brett

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 72814

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex* (state whether Male or ~~Female~~)

2. *Race or Color* (if not of the white race) W

3. *Date of Birth* March 10/96

4. *Place of Birth* (Street and Number) 1312 Wilcox ave

5. *Full Name of Mother* Wilhelmina McLain

6. *Mother's Maiden Name* W. Murdock

7. *Mother's Birthplace* City

8. *Full Name of Father* Frank L. McLain

9. *Father's Occupation* Rocker Hunter square

10. *Father's Birthplace* City

Name of Medical Attendant, or other Person who makes this Return. M. Margaret Holzer

Address 920 E. Preston St

Remarks This child died of convulsions the 12th day of March without medical attendance

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RETURN OF A BIRTH. 7285

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IX

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Feb 10 90
4. *Place of Birth, (Street and Number)* 509 Jefferson Street Court
5. *Full Name of Mother,* Sarah Matthews
6. *Mother's Maiden Name,* Sarah Dorsey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo Matthews
9. *Father's Occupation* Rag man
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin M.D.

Address, The Johns Hopkins Hospital.

Remarks, Father died 4 months ago.

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 72816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 10th 1896
4. Place of Birth, (Street and Number) 707 N. Gilmor St.
5. Full Name of Mother, Bertha Blanche DeFord
6. Mother's Maiden Name, Groscup
7. Mother's Birthplace, Harford County Md.
8. Full Name of Father, Paul F. DeFord
9. Father's Occupation, Physician
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return. Paul F. DeFord M.D.

Address, 707 N. Gilmor St

Remarks,

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...delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72817

GIVEN NAME ADDED 8-12-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lucile Thornton

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 10/96
4. Place of Birth, (Street and Number) 110 W. Lee St
5. Full Name of Mother, Marion A. Thornton
6. Mother's Maiden Name, Marion A. Benser
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Robert Lee Thornton
9. Father's Occupation Engineer
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, E. Mitchaw M.D.

Address, 411 S. Sharp st

Remarks,

8960000960

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and each and every month to the office of the Commissioner of Health. In case the birth of any child child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 8/10/96
4. *Place of Birth, (Street and Number)* No 1903 McCulloh St.
5. *Full Name of Mother,* Matilda Meder
6. *Mother's Maiden Name,* Köhl
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frederick Meder
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. L. Gross.

Address, No 1907 E Monument St.

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

B960000961

RETURN OF A BIRTH. 72819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar 10 th 1896
4. *Place of Birth, (Street and Number)* 711 S Ann St
5. *Full Name of Mother,* Hurst Lynch
6. *Mother's Maiden Name,* Margt Roby
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Peter Lynch
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ba Prince

Name of Medical Attendant, or other person who makes this Return, Mrs M. E. Lyon

Address, 2225 Bank St

Remarks, Baby

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960000962

RETURN OF A BIRTH. 72830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* March th 10 1896
4. *Place of Birth, (Street and Number)* Plums Alley No 15
5. *Full Name of Mother,* rady Parmer
6. *Mother's Maiden Name,* rady rice
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* daniel rice
9. *Father's Occupation* labur
10. *Father's Birthplace,* raint Marys County

Name of Medical Attendant, or other person who makes this Return, saxrah Jane Remison

Address, 124 west Hurg st

Remarks, full 9 months

Wm. J. C. Dulany Co,. City Printers and Stationers.

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RETURN OF A BIRTH. 72821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 March
4. *Place of Birth, (Street and Number)* S. Bond St. 838
5. *Full Name of Mother,* Egnes Bajtos
6. *Mother's Maiden Name,* Wolenskey
7. *Mother's Birthplace,* Hungar
8. *Full Name of Father,* Anthony Bajtos
9. *Father's Occupation* Workingman
10. *Father's Birthplace,* Hungar

Name of Medical Attendant, or other person who makes this Return

Address, S. Bond St. 838

Remarks, Mary Beth.

Wm. J. C. Dulany Co., City Printers and Stationers

8960000964

GIVEN NAME ADDED 11-28-56

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

72823
72822
A72822

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Lillian Virginia Phillips 10.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, March 10th, 1896.
4. Place of Birth, (Street and Number) 818 Rose St.
5. Full Name of Mother, Ada Phillips.
6. Mother's Maiden Name, Senn.
7. Mother's Birthplace, Germany.
8. Full Name of Father, George P. Phillips.
9. Father's Occupation Laborer
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, S. L. Harrington.

Address, 924 Bunker St.

Remarks,

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960000965

GIVEN NAME ADDED 11-29-55

RETURN OF A BIRTH. 72853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) John Franklin Lippy 2. Second Child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 March 1946
4. Place of Birth, (Street and Number) Baltimore Riverside av 1141
5. Full Name of Mother, Ellanora Francis Lippy
6. Mother's Maiden Name, Ellanora Francis Foltin
7. Mother's Birthplace, Baltimore MD
8. Full Name of Father, John Franklin Lippy
9. Father's Occupation Brass finisher
10. Father's Birthplace, Baltimore MD

Name of Medical Attendant, or other person who makes this Return, Mrs E A Brooks

Address, #1828 Eight St

Remarks, Doing well

Within thirty days after the birth of each and every child hereafter born in the City of Baltimore, it shall be the duty of the attending physician or midwife to make a certificate between the first and second day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 72824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 11 1896
4. Place of Birth, (Street and Number) 1216 Patapsco
5. Full Name of Mother, Maggie Kupfer
6. Mother's Maiden Name, Schlee
7. Mother's Birthplace, Balto
8. Full Name of Father, Raphael Kupfer
9. Father's Occupation Cabinet Maker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. E. L. Brooks

Address, 328 Light St

Remarks, Living Well

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 72825

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 11th 1896
4. *Place of Birth, (Street and Number)*	2110 Barclay St.
5. *Full Name of Mother,*	Maggie Smith
6. *Mother's Maiden Name,*	Hammond
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Godfrey A Smith
9. *Father's Occupation*	Salesman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Thomas Opie M.D.
Address,	719 W. Monument St.
Remarks,	

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 11
4. *Place of Birth, (Street and Number)*	335 Duncan Alley
5. *Full Name of Mother,*	Mary Odonnel
6. *Mother's Maiden Name,*	Mary Kane
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Daniel Odonnel
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mary A. Pertner
Address,	241 E Chestnut
Remarks,	

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8766000 3969

CERTIFICATE CORRECTED 11-30-99

RETURN OF A BIRTH. 72827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George Moechtmann

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, 3/11/96
4. Place of Birth, (Street and Number) No 228 N Wester Ave
5. Full Name of Mother, Barbara Moechtmann
6. Mother's Maiden Name, Beck
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Moechtmann
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L Gross

Address, No 1907 E Monument Str

Remarks,

89600000970

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 14th 1896
4. Place of Birth, (Street and Number) 2532 Penna Ave.
5. Full Name of Mother, Jennie Bachman
6. Mother's Maiden Name, Jennie Feuerbach
7. Mother's Birthplace, Hildesheim Germany.
8. Full Name of Father, Leopold Bachman
9. Father's Occupation Butcher
10. Father's Birthplace, Rhina Germany

Name of Medical Attendant, or other person who makes this Return Thomas J. Talbott MD

Address, 2532 Penna Ave

Remarks,

8960000971

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Hester Kennard

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 11 '96.
4. Place of Birth, (Street and Number) 1813 White St.
5. Full Name of Mother, Catherine F. Kennard
6. Mother's Maiden Name, Catherine F. Russell
7. Mother's Birthplace, Howard Co. Md.
8. Full Name of Father, Eugene C. Kennard
9. Father's Occupation Carpenter & Builder
10. Father's Birthplace, Kent Co. Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Ohle. M.D.

Address, 1203 N. Eden St

Remarks, GIVEN NAME ADDED. 8-13-96

L.M.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 6 0 0 0 0 9 7 2

The person required by law to report the birth of any child shall write the name and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether ~~male~~ or female) Female

2. Race or Color, (if not of the ~~white~~ race)

3. Date of Birth, March 4 1896

4. Place of Birth, (Street and Number) Baltimore 5th & Spard st

5. Full Name of Mother, Julay Cole

6. Mother's Maiden Name, Julay Taylor

7. Mother's Birthplace, Sunset Co Md

8. Full Name of Father, Wm H Cole

9. Father's Occupation, Laber

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Herbert Myers

Address, 722 Bradly St City

Remarks,

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

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RETURN OF A BIRTH. 72831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	March 12th 1896
4. *Place of Birth, (Street and Number)*	2418 E Baltimore st
5. *Full Name of Mother,*	Maggie Klank.
6. *Mother's Maiden Name,*	Brutsche
7. *Mother's Birthplace,*	Baltimore City.
8. *Full Name of Father,*	George H Klank.
9. *Father's Occupation*	Silversmith.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return,	J Ridgway Andre M D
Address,	1123 E Baltimore st
Remarks,	

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Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 72832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Born March 12th 1896
4. Place of Birth, (Street and Number) #324 Forest St
5. Full Name of Mother, Mrs. Lizzie Häfner
6. Mother's Maiden Name, Miss. V. Schleicher
7. Mother's Birthplace, Balto City
8. Full Name of Father, George. Häfner
9. Father's Occupation Labor
10. Father's Birthplace, Bayer Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Hiller

Address, #2008 N. Henry St

Remarks,

8760000975

Wm. J. C. Dulany Co., City Printers and Stationers.

...each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3/h. Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	12th February 1896.
4. *Place of Birth, (Street and Number)*	Hall St. No 1127
5. *Full Name of Mother,*	Alma Brunshipper
6. *Mother's Maiden Name,*	" Knock
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Albert Brunshipper
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return,	Lizzie Thompson
Address,	6 Fortune Ct No 1208
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

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Any physician or midwife who shall neglect without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Children

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Thursday 12th March 1896
4. Place of Birth, (Street and Number) 220 Mulberry St.
5. Full Name of Mother, Elizabeth B Driscoll
6. Mother's Maiden Name, Elizabeth Burningham
7. Mother's Birthplace, Dublin Ireland
8. Full Name of Father, Wm. J. C. Driscoll
9. Father's Occupation Upholster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Ann Mason

Address, 537 1 Walnut Alley

Remarks,

8960000977

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

7835

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth 12 march 896.

4. Place of Birth (Street and Number) 1434 Block st.

5. Full Name of Mother Susie Konig Unmarried

6. Mother's Maiden Name —

7. Mother's Birthplace 1444 Block st

8. Full Name of Father —

9. Father's Occupation —

10. Father's Birthplace —

Name of Medical Attendant, or other Person who makes this Return. Mrs M. Gray.

Address 932. Will st

Remarks Call in in case of necesity

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born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 72.886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 of March 1896
4. Place of Birth, (Street and Number) 2210 S Ellwood Ave
5. Full Name of Mother, Agusta Crawford
6. Mother's Maiden Name, Arnesen
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Crawford
9. Father's Occupation Fireman
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, M A Donahue

Address, 2024 E Pratt

Remarks, Visited by Dr Williams

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shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 13 March
4. *Place of Birth, (Street and Number)* Hyacinth st. nor Jackson st.
5. *Full Name of Mother,* Theresa Trammell
6. *Mother's Maiden Name,* Gerver
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Trammell
9. *Father's Occupation* Hardwood finisher.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Ralf. W. Jones.

Address, 1331 Hull st Locust Point.

Remarks,

8 9 6 0 0 0 0 9 8 0

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 13th
4. Place of Birth, (Street and Number) 1208 N. Bond St
5. Full Name of Mother, Ella N. Deetzen
6. Mother's Maiden Name, Ella Druckhard
7. Mother's Birthplace, Church Hill Md
8. Full Name of Father, John A. Deetzen
9. Father's Occupation Clerk
10. Father's Birthplace, Penn'a

Name of Medical Attendant, or other person who makes this Return, D. A. Hellman M.D.

Address, 857 Isaac St

Remarks,

8960000009841

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6-ed "

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar 13 1896
4. Place of Birth, (Street and Number) 1236 Cambridge 26
5. Full Name of Mother, Augusta Conkle
6. Mother's Maiden Name, Augusta Dengel
7. Mother's Birthplace, Germany
8. Full Name of Father, Isaac Conkle
9. Father's Occupation Dresser
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs A E Dugan

Address, 2221 E Baltimore

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8960000982

shall occur without the attendance of a physician or practitioner of Medicine, it shall be the duty of the office of the Commissioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter, to report its birth to the Commissioner of Health. In case the birth of any child child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 13th March 1876
4. Place of Birth, (Street and Number) 1422 Carroll Street
5. Full Name of Mother, Lizzie Hardman
6. Mother's Maiden Name, Lizzie Davis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel Hardman
9. Father's Occupation, Porter
10. Father's Birthplace, Talbot County

Name of Medical Attendant, or other person who makes this Return, Charity Bowden

Address, 80 S. Stricker St.

Remarks, Well

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Wm J C. Dulany Co., City Printers and Stationers.

Such Return without the attendance of a physician or the Commissioner of Health. In case the birth of any child shall occur between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IV

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 13 1896
4. Place of Birth, (Street and Number) 1939 Lanvale Avenue
5. Full Name of Mother, Mary Burling
6. Mother's Maiden Name, Mary Cheeley
7. Mother's Birthplace, Virginia
8. Full Name of Father, Charles Burling
9. Father's Occupation Janitor
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin M D

Address, The Johns Hopkins Hospital

Remarks,

If child be born without the attendance of a physician or practioner of midwifery, the certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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GIVEN NAME ADDED 6-7-54

RETURN OF A BIRTH. 12842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Andrew Zeller ——— March 15, 1896

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Balto March 14, 1896
4. Place of Birth, (Street and Number) 1602 Alice Anna St
5. Full Name of Mother, Mary Zeller
6. Mother's Maiden Name Mary Bensel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Andrew Zeller
9. Father's Occupation, Cigar-Manufacturer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return. Mrs. Mary Amend

Address, 410 S. Wolfe St.

Remarks,

this day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

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RETURN OF A BIRTH. 72843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 14 96
4. Place of Birth, (Street and Number) 2845 E. Fayette
5. Full Name of Mother, Emma V. Holland
6. Mother's Maiden Name, Brady
7. Mother's Birthplace, " Baltimore City
8. Full Name of Father, Louis Holland
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Jno. H. Ridel

Address, 312 Ashland ave

Remarks,

attendance upon the mother, immediately thereafter it shall become the duty of the person in attendance of a physician or practitioner of midwifery, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 72844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Carroll Weston

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 6
4. Place of Birth, (Street and Number) 1621 W Pratt Street
5. Full Name of Mother, Mrs Bessie L. [illegible] Weston
6. Mother's Maiden Name, " " Gitt
7. Mother's Birthplace, Va
8. Full Name of Father, Wm B. Weston
9. Father's Occupation, Edge Tool Manufacturer
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. W. F. Hill M.D. 1001 Eutaw

Address,

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

Shall proceed without the attendance of a physician or midwife, in case the birth of any child attendance upon the mother, immediately thereafter fail to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 72845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 11th 96
4. *Place of Birth, (Street and Number)* 1815 N. Bal.
5. *Full Name of Mother,* Anna M. Reichard
6. *Mother's Maiden Name,* Anna M Blattau
7. *Mother's Birthplace,* Pa
8. *Full Name of Father,* Joseph Wilhelm Reichard
9. *Father's Occupation* Draughtsman
10. *Father's Birthplace,* Ger. Empire

Name of Medical Attendant, or other person who makes this Return, Anna M Reichard

Address, 1601 N. Fayette

Remarks,

8960000983

Wm. J. C. Dulany Co., City Printers and Stationers.

Every day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 12th
4. *Place of Birth, (Street and Number)*	221 Welcome Alley
5. *Full Name of Mother,*	Josephine Gilliday
6. *Mother's Maiden Name,*	Josephine Gilliday
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Collett
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Snow Hill
Name of Medical Attendant, or other person who makes this Return,	
Address,	
Remarks,	

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 72847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 of March 1896.
4. *Place of Birth, (Street and Number)* 1920 Allice-Anna St
5. *Full Name of Mother,* Magdalena Wachowiak
6. *Mother's Maiden Name,* Magdalena Bartkowiak.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Nepomuk Wachowiak
9. *Father's Occupation,* Watchman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Ida Hill

Address, 205. N. Castle St. Baltimore

Remarks,

8 9 6 0 0 0 0 2 9 0

Wm J C. Dulany Co., City Printers and Stationers.

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* March 14
4. *Place of Birth, (Street and Number)* 130 James St
5. *Full Name of Mother,* Rosa Elliot
6. *Mother's Maiden Name,* Offwine
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* David Edward Elliot
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Chas Mc Morgan

Address, 1712 Scott

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

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Each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, March 14.
4. Place of Birth, (Street and Number) 711 Parkin St
5. Full Name of Mother, Amelia Hancock
6. Mother's Maiden Name, " Bowers
7. Mother's Birthplace, Balto
8. Full Name of Father, John Hancock
9. Father's Occupation Carpenter
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs Ida Harris

Address, 712 South St

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 12850

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth*	March 14 1896
4. *Place of Birth, (Street and Number)*	1223 Penna ave
5. *Full Name of Mother*	Rosa D. Shoemaker
6. *Mother's Maiden Name*	" " Hearn
7. *Mother's Birthplace*	Virginia
8. *Full Name of Father*	William Shoemaker
9. *Father's Occupation*	Painter
10. *Father's Birthplace*	Missouri
Name of Medical Attendant, or other Person who makes this Return.	O M Lewis MD
Address	1213 Patterson ave
Remarks	

8960000993

RETURN OF A BIRTH. 72851

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec 14 th
4. Place of Birth, (Street and Number) 1601 Bruce st
5. Full Name of Mother, Alice Lewis
6. Mother's Maiden Name, Alice Lewis
7. Mother's Birthplace, West river
8. Full Name of Father, Solon Lewis
9. Father's Occupation Laborer
10. Father's Birthplace, West river

Name of Medical Attendant, or other person who makes this Return, Jane Warren

Address, 1616 Bruce st

Remarks, 0

84000000994

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 72852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 14 1894
4. *Place of Birth, (Street and Number)*	1125 Proctor Street
5. *Full Name of Mother,*	Maggie Burke
6. *Mother's Maiden Name,*	Maggie Lacaweng
7. *Mother's Birthplace,*	Dunmore County Galway Ireland
8. *Full Name of Father,*	John Burke
9. *Father's Occupation,*	Labor
10. *Father's Birthplace,*	Castlechan County Tibbs
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary Tibbs
Address,	914 Clifton Place
Remarks,	

8960000000995

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

The Certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 —

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March-15-1896
4. Place of Birth, (Street and Number) 2048 Fairmount Ave
5. Full Name of Mother, Margaret Eleanora Smith
6. Mother's Maiden Name, " " Hiltz
7. Mother's Birthplace, City
8. Full Name of Father, William A. Smith
9. Father's Occupation, Builder
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, P. E. Dandahend

Address, 1731 E. Baltimore St

Remarks,

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 72854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) – – –
3. Date of Birth, 3/15/96.
4. Place of Birth, (Street and Number) No 1911 Hoen Str
5. Full Name of Mother, Katie Kiebler
6. Mother's Maiden Name, Lauer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Lobus Kiebler
9. Father's Occupation Mail-carrier
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Hess.

Address, No 1907 E Monument Str

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

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Every birth shall be reported within the first ten days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	March 15
4. *Place of Birth, (Street and Number)*	747 N. Mc Henry St
5. *Full Name of Mother,*	Maggie Murphy
6. *Mother's Maiden Name,*	J. Hunt
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Murphy
9. *Father's Occupation*	Fireman
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary Morrison
Address,	412 Scott St
Remarks,	

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 15th March 1896
4. *Place of Birth, (Street and Number)* 640 Hare Street
5. *Full Name of Mother,* Stella Bennett
6. *Mother's Maiden Name,* Stella Wallace
7. *Mother's Birthplace,* Calvert County
8. *Full Name of Father,* Isaac Bennett
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Calvert County

Name of Medical Attendant, or other person who makes this Return, Charity Blyden

Address, 808 Hollins St

Remarks, S. L

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Wm J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 16 1896
4. *Place of Birth, (Street and Number)* ~~1130~~ 1109 Wallbridge Street
5. *Full Name of Mother,* Alvina Riegel
6. *Mother's Maiden Name,* Alvina Edwards
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John H Riegel
9. *Father's Occupation* Packer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo W Boblenz M D

Address, The Johns Hopkins Hospital.

Remarks,

8960001000

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th of March 1896
4. Place of Birth, (Street and Number) Baltimore Md No 28 N Futter Ave
5. Full Name of Mother, Mary E Brucke.
6. Mother's Maiden Name, " " Schultze
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Edward H Brucke
9. Father's Occupation Tailor
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Eramin

Address, 41[illegible] Stricker St Baltimore Md

Remarks, Mother and Child are doing well

8960001001

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 16th 1896
4. *Place of Birth, (Street and Number)* 1010 Russells Street
5. *Full Name of Mother,* Emma Dell X
6. *Mother's Maiden Name,* Emma Campbell
7. *Mother's Birthplace,* Caroline Co Md.
8. *Full Name of Father,* Charles Dell X
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mary Posey

Address,

Remarks, 1809 Lemmon Alley

8960001002

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born March 16th 1896
4. *Place of Birth, (Street and Number)*	# 430 E. Saratoga St
5. *Full Name of Mother,*	Mrs. Gusta Arnold
6. *Mother's Maiden Name,*	Miss. Stapf
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	Louis Arnold
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace,*	Battenberg. Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. Hiller
Address,	# 2008 16th Henry St
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001003

RETURN OF A BIRTH. 72861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th of March 1896
4. Place of Birth, (Street and Number) Baltimore Md 304 Pulaski St
5. Full Name of Mother, Katie Fourth
6. Mother's Maiden Name, " Hyeninger
7. Mother's Birthplace, Germany.
8. Full Name of Father, Charles Fourth
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Mary F Keaning

Address, 424 Stricker St Baltimore Md

Remarks, Mother and Child are doing well

shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001004

over

RETURN OF A BIRTH. 72862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Brigit Marie Thompson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 16 1896
4. Place of Birth, (Street and Number) 1535 E Madison Street
5. Full Name of Mother, Bridget Thompson
6. Mother's Maiden Name, Bridget Curtis
7. Mother's Birthplace, Ireland
8. Full Name of Father, John B Thompson
9. Father's Occupation Surgical Assistant
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Geo W Doblin

Address, The Johns Hopkins Hospital

Remarks,

attendance upon the mother, immediately thereafter it shall become the duty of the person in attendance of a physician or practioner of midwifery, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8760001005

RETURN OF A BIRTH. 72863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) ~~Male 17, 96~~
3. Date of Birth, 3/17/96
4. Place of Birth, (Street and Number) No. 216 N. Eden St.
5. Full Name of Mother, Fredricka Predigers
6. Mother's Maiden Name, Troute
7. Mother's Birthplace, Germany
8. Full Name of Father, Father Predigers
9. Father's Occupation Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Grogs.

Address, No. 1907 E. Monument St

Remarks,

shall occur without the attendance of a physician or practioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001006

RETURN OF A BIRTH. 72864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) White

2. Race or Color, (if not of the white race) March 17

3. Date of Birth, 2210 Orleans st.

4. Place of Birth, (Street and Number) Dorsey Medines

5. Full Name of Mother, Dorsey Williams

6. Mother's Maiden Name, Balto.

7. Mother's Birthplace, Neal Medines

8. Full Name of Father, Saleman

9. Father's Occupation Balto.

10. Father's Birthplace, 241 S. Caroline st.

Name of Medical Attendant, or other person who makes this Return, Mary A. Perkins

Address,

Remarks,

8760001007

Wm. J. C. Dulany Co., City Printers and Stationers.

...and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 17th 1896
4. Place of Birth, (Street and Number) 809 Central ave
5. Full Name of Mother Minnie May Gerlach
6. Mother's Maiden Name Minnie May Schiller
7. Mother's Birthplace, Carroll County Maryland
8. Full Name of Father, Henry F. Gerlach
9. Father's Occupation Merchant Tailor
10. Father's Birthplace, Baltimore Maryland
- Name of Medical Attendant, or other person who makes this Return James A. Whitford M.D
- Address, 819 Eighteenth Street
- Remarks,

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960001008

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1/

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 17 1896
4. Place of Birth, (Street and Number) 1107 Woodyear Street
5. Full Name of Mother, Ida Quall
6. Mother's Maiden Name, Ida Grimes
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, Gust Quall.
9. Father's Occupation Laborer
10. Father's Birthplace, Essex Co Va.

Name of Medical Attendant, or other person who makes this Return, M Carra Jones

Address, 1907 Woodland St

Remarks,

Every birth shall be reported within ten days after its occurrence, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

0760001009

RETURN OF A BIRTH. 72867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, 17 March 96
4. Place of Birth, (Street and Number) Rockhelmn at 947
5. Full Name of Mother, Katy Bixley
6. Mother's Maiden Name,
7. Mother's Birthplace, Annapolis Md
8. Full Name of Father, Isaiac Moore
9. Father's Occupation, laboarer
10. Father's Birthplace, Spurl Deposit

Name of Medical Attendant, or other person who makes this Return, Charity M Boulden

Address,

Remarks,

18960001010

In case the birth of any child shall occur in the absence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male — Raymond R. A.D.O 11/5/20
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 18th 1896.
4. Place of Birth, (Street and Number) 1042 William St.
5. Full Name of Mother, Emma Feig
6. Mother's Maiden Name, Emma Andrews.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Andrew Feig
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Margt D Lambert

Address, William st 1044

Remarks, mother & baby Do Well

6 9 6 0 0 0 1 0 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

The physician in attendance upon the mother, immediately thereafter if he shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) colored

3. Date of Birth, 14 march

4. Place of Birth, (Street and Number) 1416 McElroy st

5. Full Name of Mother, Emma Worden

6. Mother's Maiden Name, Emma Boston

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Josh Worthon

9. Father's Occupation Loader

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Caroline Judson

Address, 419 Luise street

Remarks, doing well

Wm. J. C. Dulany Co., City Printers and Stationers.

0 4 6 0 0 0 1 0 1 2

RETURN OF A BIRTH. 72870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male ~~or female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 18, 1896.
4. Place of Birth, (Street and Number) 3114 Foster Avenue
5. Full Name of Mother, Mary Gertrude Helfrich
6. Mother's Maiden Name, Mary Gertrude Auld
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John F. Helfrich
9. Father's Occupation Fruit Packer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, A. J. Sauer M.D.

Address, 3042 O'Donnell Street

Remarks,

8960001013

Wm. J. C. Dulany Co., City Printers and Stationers.

...day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 15th 1896
4. Place of Birth, (Street and Number) 1625 Pearce St
5. Full Name of Mother, Belle Deale
6. Mother's Maiden Name, Belle Green
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Edward Deale
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mary Lowry

Address, 1809 Lamont St.

Remarks,

8960001014

Wm. C. Dulany Co., City Printers and Stationers.

...shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Wed march 12th
4. *Place of Birth, (Street and Number)* 1416 Bruce st
5. *Full Name of Mother,* Georgiana Neal
6. *Mother's Maiden Name,* Georgiana Sims
7. *Mother's Birthplace,* West River Md
8. *Full Name of Father,* James neal
9. *Father's Occupation* Labrer
10. *Father's Birthplace,* West River Md

Name of Medical Attendant, or other person who makes this Return, Jane Warren

Address, 1424 Bruce st

Remarks, 0

0960001015

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately thereafter it shall become the duty of the person in attendance of a physician or practitioner of midwifery, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 19th 1876
4. *Place of Birth, (Street and Number)* 849 Lilly Monument St
5. *Full Name of Mother,* Lucinda Bowers
6. *Mother's Maiden Name,* " " Hollie
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* James Bailey
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Midwife

Address, Mrs Louisa Lark

Remarks, 644 Jasper St city

0760001016

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 19th 1896
4. Place of Birth, (Street and Number) 1112 Patapsco st
5. Full Name of Mother, Mary. Green
6. Mother's Maiden Name, Mary. Saunders
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Green
9. Father's Occupation Tabore
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, S. P. Harrington

Address, #924 Bonny st

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

0960000101 7

Midwives without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	March 19
4. *Place of Birth, (Street and Number)*	# 101 Montford Ave.
5. *Full Name of Mother,*	Gertrude Lake
6. *Mother's Maiden Name,*	Gertrude Bucklinger
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Joseph Lake
9. *Father's Occupation*	Clerk.
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mary A. Perkins
Address,	241 S. Chester st.
Remarks,	

8 9 6 0 0 0 1 0 1 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Every physician or midwife in attendance upon a birth shall make a return thereof to the Commissioner of Health. In case the birth of any child occurs without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 19 1896
4. Place of Birth, (Street and Number) 36 N Wolford Ave
5. Full Name of Mother, Victoria Thompson
6. Mother's Maiden Name, " Nordling
7. Mother's Birthplace, Finland
8. Full Name of Father, John Thompson
9. Father's Occupation. Mariner
10. Father's Birthplace, Finland

Name of Medical Attendant, or other person who makes this Return. J T Spickmall M.D.

Address, 144 Patterson Pk Ave

Remarks, Premature Birth (7 months)

0 0 0 0 0 0 1 0 1 9

shall occur without the attendance of a physician or practitioner it shall become and within the period above specified. Child to report its birth to the Commissioner of Health, in the manner and the duty of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 72877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male Colored

2. Race or Color, (if not of the white race) March 20 1896

3. Date of Birth, 1815 Fulton Ave

4. Place of Birth, (Street and Number) Baltimore Maryland

5. Full Name of Mother, Agatha Rossi

6. Mother's Maiden Name, Carbonaro

7. Mother's Birthplace, Italy Genoa

8. Full Name of Father, Antonio Rossi

9. Father's Occupation Fisherman

10. Father's Birthplace, Italy Genoa

Name of Medical Attendant, or other person who makes this Return. Dr. Brian Donnelly

Address, 1507 Lombard St

Remarks,

1896000 1020

Wm. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 4/20/67

RETURN OF A BIRTH. 72878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: EVELYN L. LITCHFIELD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1st)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 21st 1896
4. Place of Birth, (Street and Number) 326 N. Stricker St.
5. Full Name of Mother, Isabel Litchfield,
6. Mother's Maiden Name, Hurdle,
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Edgar J. Litchfield,
9. Father's Occupation Contractor
10. Father's Birthplace, Baltimore, Co.

Name of Medical Attendant, or other person who makes this Return, Charles Getz, M.D.

Address, 312 N. Carey St.

Remarks,

8960001021

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 111 N. Amity St.

4. Place of Birth, (Street and Number) March 22 1896

5. Full Name of Mother, Rosanna McGillan

6. Mother's Maiden Name, Troy

7. Mother's Birthplace, Ireland

8. Full Name of Father, Michael McGillan

9. Father's Occupation Paver

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Dr Norris

Address, 834 n Fayette St

Remarks,

8960001022.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White Jew.
3. Date of Birth, 10 March 1896
4. Place of Birth, (Street and Number) 1142 Low St.
5. Full Name of Mother, Estelo Gross
6. Mother's Maiden Name, Estelo Hosler
7. Mother's Birthplace, Hungarien
8. Full Name of Father, Saul Gross
9. Father's Occupation Pants maker
10. Father's Birthplace, Ungarien

Name of Medical Attendant, or other person who makes this Return, mrs Eva Klotz midwife

Address, 135 Harrison Street

Remarks, mother and child are well.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

6960001023

RETURN OF A BIRTH. 72881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White Jew.
3. Date of Birth,	15 March 96.
4. Place of Birth, (Street and Number)	283 N. Exeter Street
5. Full Name of Mother,	Sarah Askin
6. Mother's Maiden Name,	Sarah Benner
7. Mother's Birthplace,	Russia
8. Full Name of Father,	Abram Askin
9. Father's Occupation	mfr mus
10. Father's Birthplace,	Russia
Name of Medical Attendant, or other person who makes this Return,	Mrs Kahn midwife
Address,	135 Harrison Street
Remarks,	Mother and Child are well

8 7 6 0 0 0 1 0 2 4

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First one

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, March 16th 1896
4. Place of Birth, (Street and Number) 812 Plum alley
5. Full Name of Mother, Mary Eliza King
6. Mother's Maiden Name, Mary Lawson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William King
9. Father's Occupation Porter in store
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Jones.

Address, 936 Leadenhall St

Remarks, +

8960001025

Wm. J. C. Dulany Co., City Printers and Stationers.

...city of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 7th 1896

4. Place of Birth, (Street and Number) 2104 North Ave

5. Full Name of Mother, Martha Bertenson

6. Mother's Maiden Name, Martha Nolan

7. Mother's Birthplace, Norfolk

8. Full Name of Father, Athman Bertenson

9. Father's Occupation Wood Carver

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address, 1606 N. Chester st

Remarks,

0760001026

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 12. Without the attendance of a physician or midwife, the mother, Commissioner of Health, Commissioners, Health Officers, and Physicians shall immediately report to the Health Officer of the district in which the birth occurs the name and residence of such mother, and the sex, color and date of birth of the child, and the name and residence of the physician or midwife present at the birth, if there was one; and for every neglect to make such report, or for making a false report, the person offending shall be subject to a penalty of not less than ten (10) dollars nor more than fifty (50) dollars, to be recovered as other fines and penalties are recoverable.

Section 13. Every person required by this article to report births, who shall refuse or neglect to make such report, or who shall make a false report, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding fifty (50) dollars, or by imprisonment not exceeding thirty (30) days, or both, at the discretion of the Court.

Section 14. Every person required by this article to report births, who shall refuse or neglect to make such report, or who shall make a false report, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine not exceeding fifty (50) dollars, or by imprisonment not exceeding thirty (30) days, or both, at the discretion of the Court.

RETURN OF A BIRTH. 72884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 7th 1896
4. Place of Birth, (Street and Number) 1309 Valley Street
5. Full Name of Mother, Margaret Doyle
6. Mother's Maiden Name, M. Lacey
7. Mother's Birthplace, Waverley. Balt. City.
8. Full Name of Father, James Doyle
9. Father's Occupation, Printer
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. J. C. Gilchrist Surgeon & Physician

Address, 820 E. Preston Street

Remarks, A Eight months child

8966000 1027

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Every midwife, physician or other person who shall attend upon any birth shall, on or before the first day of each and every month, report in the form of a certificate between the first and tenth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 9th 1896
4. Place of Birth, (Street and Number) 1712 N. Gay st
5. Full Name of Mother, Elizabeth Johnson
6. Mother's Maiden Name, Elizabeth J Wolf
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John A Johnson
9. Father's Occupation Laborer
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Mrs Brown

Address, 1610 N Chester st

Remarks,

3960001028

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) (White) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 11 March 1896.

4. Place of Birth, (Street and Number) 900 E. Lexington Street

5. Full Name of Mother, Antonet Stankowitch

6. Mother's Maiden Name, Antonet Norrisse Vetsch

7. Mother's Birthplace, Russia

8. Full Name of Father, Stanislaus Stankowitsch

9. Father's Occupation Worsted man

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Eva Kohn midwife

Address, 135 Harrison Street

Remarks, mother and child are well.

8900001029

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be the duty of the practitioner in the form of a certificate between the first and ...day of each and every month to the office of the practioner of Health. In case the birth of any child ...shall occur without the mother, immediately thereafter in the manner and with the provisions of this section ...child to report its birth to the Commissioner of Health, comply with the provisions of this section ...any such person or persons who shall hereafter fail to be recovered as other fines and forfeitures are recoverable ...jected to the fine of ten (10) dollars for each offence, to

RETURN OF A BIRTH. 72887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) F

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, March 14 1896
4. Place of Birth, (Street and Number) 206 Bethel Street
5. Full Name of Mother, Mary Lee (not married)
6. Mother's Maiden Name, Mary Lee
7. Mother's Birthplace, Maryland
8. Full Name of Father, George Scott (?)
9. Father's Occupation Farm Hand
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Geo W Dobbin M D

Address, The Johns Hopkins Hospital

Remarks,

8960001030

Wm. J. C. Dulany Co., City Printers and Stationers.

Attendance upon the mother, immediately thereafter it shall become the duty of the person required, and without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 13 th 1896
4. Place of Birth, (Street and Number) 1342 Woodyear St
5. Full Name of Mother, Ida Jenifer
6. Mother's Maiden Name, Ida Emains
7. Mother's Birthplace, St Mary County
8. Full Name of Father, Robert Jenifer
9. Father's Occupation, Driver
10. Father's Birthplace, Richmond

Name of Medical Attendant, or other person who makes this Return, Hector Cotance

Address, 507 Preston St

Remarks,

0960001031

Wm J. C. Dulany Co., City Printers and Stationers.

Whoever shall without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter fail to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

In case the birth of any child should occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16th March 1896
4. *Place of Birth, (Street and Number)* 1738 Chester st.
5. *Full Name of Mother,* Annie Mastel
6. *Mother's Maiden Name,* Annie Harvan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Mastel
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Bowns

Address, 1600 N. Chester st

Remarks,

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001032

RETURN OF A BIRTH. 72890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	"
3. *Date of Birth,*	March 16/96
4. *Place of Birth, (Street and Number)*	507 N Fremont St.
5. *Full Name of Mother,*	Mary Rudolphi
6. *Mother's Maiden Name,*	Damer
7. *Mother's Birthplace,*	" Pennsylvania.
8. *Full Name of Father,*	George C. Rudolphi
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Thomas Opie M.D.
Address,	219 W. Monument St
Remarks,	

8960001033

Wm. J. C. Dulany Co., City Printers and Stationers.

...ETY FILM

RETURN OF A BIRTH. 72891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 16th of March 96
4. *Place of Birth, (Street and Number)* Baltimore 1128 Cleveland St
5. *Full Name of Mother,* Elisa Reuling
6. *Mother's Maiden Name,* Jungel
7. *Mother's Birthplace,* Giesen Germany
8. *Full Name of Father,* Fredrick Reuling
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Giesen Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001034

RETURN OF A BIRTH. 72892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 11th March 1896
4. Place of Birth, (Street and Number) No. 711 Cross St.
5. Full Name of Mother, Carolina Vogt
6. Mother's Maiden Name, Mahrn
7. Mother's Birthplace, Germany
8. Full Name of Father, Gustav Vogt
9. Father's Occupation, Pianomaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs A. M. Bischoff

Address, No. 113 Carroll Str

Remarks,

shall occur within and every month to the office of the Commissioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8760001035

72893

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Light brown skin
3. *Date of Birth,* 17th of March
4. *Place of Birth, (Street and Number)* Shields aly No 11-11
5. *Full Name of Mother,* Margret Cork
6. *Mother's Maiden Name,* Margret Johnson ~~Elist~~ ~~Cork~~
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Elise Cork
9. *Father's Occupation* Water
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, Lydia Somerville

Address, 616 Clinton av

Remarks,

... shall occur without the attendance of a physician or ... every month to the office of the Commissioner of Health ... practitioner in the form of a certificate between the first and ... place of birth; and the attendance upon the mother, immediately thereafter it shall become the duty of the practioner of midwifery, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8980001036

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17th March 1896
4. Place of Birth, (Street and Number) 1824 Collington Ave
5. Full Name of Mother, Maggie Rochorny
6. Mother's Maiden Name, Maggie Pursinsky
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Rochorny
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Brauer

Address, 1600 N. Chester st

Remarks,

8960001037

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 20 " 1916
4. Place of Birth, (Street and Number) 519 Offord St
5. Full Name of Mother, Louisa Holland
6. Mother's Maiden Name, Louisa Wyles
7. Mother's Birthplace, Calvert County MD
8. Full Name of Father, John Holland
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Chester Botanco

Address, 519 Preston St.

Remarks,

S 4 0 0 0 0 1 0 3 3

Wm J C. Dulany Co., City Printers and Stationers.

Without the attendance of a physician or practitioner of midwifery, the Commissioner of Health, in the case of any child born hereafter, may require the mother, immediately thereafter, to report its birth to the Commissioner of Health, in the manner and within the period above required, and in case the mother, or should no other person or parents of such child who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* October 15th 1916

4. *Place of Birth, (Street and Number)* 522 Eager St

5. *Full Name of Mother,* Olga Lupu

6. *Mother's Maiden Name,* Olga Lupu

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Joseph Lupu

9. *Father's Occupation* Tailor

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Thos. Ross

Address, 707 Aisquith St

Remarks,

1896 0001039

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or shall not within the period aforesaid become and within the provisions of this section are required to the office of the Commissioner of Health, or shall fail to comply with the provisions of this section are required attendance upon the mother, immediately thereafter, to report its birth to the Commissioner of Health, in the manner and with the particulars required by law. In case any such person or persons who shall hereafter fail to comply with the provisions of this section are required child to report its birth to the Commissioner of Health, to be recovered as other fines and forfeitures are recovered as other offence, to be recovered as other fines and forfeitures are recovered as other offence, to be recovered as other fines and forfeitures are recovered as other offence

RETURN OF A BIRTH. 72897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 21 1896
4. Place of Birth, (Street and Number) 410 Grindall Street
5. Full Name of Mother, Elizabeth Smith
6. Mother's Maiden Name, Elizabeth Miller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, E. L. Smith
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo. W. Dobbin M.D.

Address, The Johns Hopkins Hospital.

Remarks,

Shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001040

RETURN OF A BIRTH. 72898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	Mar 22 '96
4. *Place of Birth, (Street and Number)*	1717 N. Regester St
5. *Full Name of Mother,*	Mary Frances Fuller
6. *Mother's Maiden Name,*	" " Stokes
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Jos. Hendricks Fuller
9. *Father's Occupation*	Teamster
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Wm J Watson
Address,	1519 N. B'Way
Remarks,	Balto

Such Certificate shall be made out and delivered to the Commissioner of Health between the first and tenth day after the birth, without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

B960001041

RETURN OF A BIRTH, 72899

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* March 23 96
4. *Place of Birth, (Street and Number)* 113 W Lanvale St
5. *Full Name of Mother* Elizabeth O'Connor
6. *Mother's Maiden Name* " Gilbert
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph O'Connor
9. *Father's Occupation* Merchant
10. *Father's Birthplace*

Name of Medical Attendant or other Person who makes this Return. J. A. Scally

Address 951 Mund. Ave.

Remarks

Published Feb 18/16

B 4 6 0 0 0 1 0 4 9

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 72900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 1 1896
4. *Place of Birth, (Street and Number)* Hightland ave 203
5. *Full Name of Mother,* Katie Tonak
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Charles Tonak
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary McSita

Address, Washington st 206

Remarks,

8760001043

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of su
child to report its birth to the Commissioner of Health, in the manner and within the period above required, a
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be su
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recover

RETURN OF A BIRTH. 72901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 11 1896
4. Place of Birth, (Street and Number) Mcallery st 2327
5. Full Name of Mother, Mary Haigh
6. Mother's Maiden Name, Garmen
7. Mother's Birthplace, Joseph Haigh
8. Full Name of Father, Labor
9. Father's Occupation Farmer
10. Father's Birthplace, Mary Baptist

Name of Medical Attendant, or other person who makes this Return, N Washington at 205

Address,

Remarks,

8960001044

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 4 1896
4. *Place of Birth, (Street and Number)* 1 Washington st 205
5. *Full Name of Mother,* Mary Roranavzmuski
6. *Mother's Maiden Name,* Rheimer
7. *Mother's Birthplace,* Joseph Roranavzmuski
8. *Full Name of Father,* Labor
9. *Father's Occupation* Bohaimer
10. *Father's Birthplace,* Mary Kyatis

Name of Medical Attendant, or other person who makes this Return, 1 Washington 205

Address,

Remarks,

18960001045

shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 6 1896
4. Place of Birth, (Street and Number) Broadway at 621
5. Full Name of Mother, Annie Hohanson
6. Mother's Maiden Name, Garmen
7. Mother's Birthplace, Hohanson
8. Full Name of Father, John Shoe Maker
9. Father's Occupation, Garmen
10. Father's Birthplace, Albany Hohanson

Name of Medical Attendant, or other person who makes this Return, N Washington at 205

Address,

Remarks,

8760001046

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth must occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 7 th
4. Place of Birth, (Street and Number) # 117 S Stockton St
5. Full Name of Mother, Matilda Ann Heavson
6. Mother's Maiden Name,
7. Mother's Birthplace, In West River
8. Full Name of Father, Mr Shurman Eastep
9. Father's Occupation Works on a farm
10. Father's Birthplace, In West River

Name of Medical Attendant, or other person who makes this Return, Caroline Queen

Address, 1066 Raborg St

Remarks,

8960001047

Wm. J. C. Dulany Co., City Printers and Stationers.

...and every month to the office of the Commissioner of Health, in the form of a certificate between the first and ... of each ... shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7290S

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Mar. 8th, 1896.
4. *Place of Birth, (Street and Number)* 216 E. 23rd, 1896
5. *Full Name of Mother,* Anna Maria Hook
6. *Mother's Maiden Name,* " " Hynson.
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Richard Franklin Hook.
9. *Father's Occupation* Civil Engineer.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Eldridge C. Davis, M.D.

Address, 1012 Madison Ave.

Remarks,

1896000 1048

Wm. J. C. Dulany Co., City Printers and Stationers.

...the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 8 1896
4. *Place of Birth, (Street and Number)* Madeira st 215
5. *Full Name of Mother,* Mary Jelinek
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Charles Jelinek
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Shofita

Address, N Washington st 205

Remarks,

8960001049

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 9 1896
4. Place of Birth, (Street and Number) Potter st 923
5. Full Name of Mother, Mary Santora
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Joseph Santora
9. Father's Occupation Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Santos

Address, N Washington st 20

Remarks,

8960001050

Wm. J. C. Dulany Co., City Printers and Stationers.

...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mch 9/96
4. *Place of Birth, (Street and Number)* 133 1/2 Division St.
5. *Full Name of Mother,* Elizabeth Ziegler
6. *Mother's Maiden Name,* Hagedorn
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Otto Ziegler
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Wm B. Ruder

Address, 867 Harlem Ave

Remarks,

8960001051

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, March 7, 1896

4. Place of Birth, (Street and Number) Forest St Waverly

5. Full Name of Mother, Eliza Williams Bastard

6. Mother's Maiden Name, Not

7. Mother's Birthplace, " " " "

8. Full Name of Father, " " " "

9. Father's Occupation " " " "

10. Father's Birthplace, " " " "

Name of Medical Attendant, or other person who makes this Return, Thomas S Bailey

Address, No 5 Forest St Waverly Baltimore City

Remarks, Well

8900001052

shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 10 1896
4. Place of Birth, (Street and Number) September bray st 2365
5. Full Name of Mother, Katie Kohlen
6. Mother's Maiden Name, Bohaimer
7. Mother's Birthplace, John Kohlen
8. Full Name of Father, Labor
9. Father's Occupation Bohaimer
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mary Kopitz

Address, Boshin & Jon st 206

Remarks,

0460001053

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over

RETURN OF A BIRTH. 7291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy — George Mathew Kaplan
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 10/896 — February 8 - 1896
4. Place of Birth, (Street and Number) Aisland ave 2010
5. Full Name of Mother, Miss Kaplan — Frances Kaplan
6. Mother's Maiden Name, Frances Baleh
7. Mother's Birthplace, Bohemia — Baltimore Md.
8. Full Name of Father, Mr Kaplan — Joseph Kaplan
9. Father's Occupation Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary McKeever

Address, N Washington ST 2005

Remarks,

0960001054

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 10 1896
4. *Place of Birth, (Street and Number)* Abbott at 1603
5. *Full Name of Mother,* Annie Martinek
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Joseph Martinek
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Kopstra

Address, S Washington st 205

Remarks,

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 4 6 0 0 0 1 0 5 5

RETURN OF A BIRTH. 72913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 12 1896
4. Place of Birth, (Street and Number) Maidear st 208
5. Full Name of Mother, Barbora Benda
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohaimen
8. Full Name of Father, Jozef Benda
9. Father's Occupation Labor
10. Father's Birthplace, Bohaimen

Name of Medical Attendant, or other person who makes this Return, Mary Kostka

Address, Woman Washington 205 st

Remarks,

8460001056

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 14 1896
4. Place of Birth, (Street and Number) Part at 7
5. Full Name of Mother, Mary Menslik
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemian
8. Full Name of Father, Frank Menslik
9. Father's Occupation Tailor
10. Father's Birthplace, Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Shultis

Address, N Washington st 205

Remarks,

8960001057

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 14 1896
4. *Place of Birth, (Street and Number)* Chester st 104
5. *Full Name of Mother,* Antonia Mueller
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Bernard Mueller
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kopatis

Address, N Washington st 206

Remarks,

Wm. C. Dulany Co., City Printers and Stationers.

B 7 6 0 0 0 1 0 5 8

RETURN OF A BIRTH. 72916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 15 1896
4. Place of Birth, (Street and Number) Bond st 325
5. Full Name of Mother, Mary Dealey
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, John Dealey
9. Father's Occupation Labor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Mary Hopkins

Address, N Washington st 205

Remarks,

shall occur and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001059

RETURN OF A BIRTH. 72917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 16 / 896
4. *Place of Birth, (Street and Number)* Chapel st 618
5. *Full Name of Mother,* Barbara Wick
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Wick
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kostic

Address, N Washington Ave 205

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

84600001060

RETURN OF A BIRTH. 72918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 18 1896
4. Place of Birth, (Street and Number) Duncan alley 229
5. Full Name of Mother, Barbara Smith
6. Mother's Maiden Name, Bohaimer
7. Mother's Birthplace, Germany
8. Full Name of Father, John Smith
9. Father's Occupation Labor
10. Father's Birthplace, Bohaimer

Name of Medical Attendant, or other person who makes this Return, Mary Martin

Address, N Washington ave 205

Remarks,

8960001061

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 92919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 18 1896
4. Place of Birth, (Street and Number) Hare st 1244
5. Full Name of Mother, Katie Sinclair
6. Mother's Maiden Name, Bohemian
7. Mother's Birthplace, John Sinclair
8. Full Name of Father, Labor
9. Father's Occupation Bohemian
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mary Stephens

Address, N Washington at 205

Remarks,

8760001062

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 18 1896
4. Place of Birth, (Street and Number) Washington st 212
5. Full Name of Mother, Florence Simpson
6. Mother's Maiden Name,
7. Mother's Birthplace, Garrett
8. Full Name of Father, Harry Simpson
9. Father's Occupation Labor
10. Father's Birthplace, Garrett

Name of Medical Attendant, or other person who makes this Return. Mary Koplin

Address, 21 Washington st No 205

Remarks,

1 6 4 6 0 0 0 1 0 6 3

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6. Child
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born March 18/96
4. Place of Birth, (Street and Number)	#45 Wilkens St
5. Full Name of Mother,	Mrs. Bertha Wagner
6. Mother's Maiden Name,	Miss. " Heikes
7. Mother's Birthplace,	Hessen. Germany
8. Full Name of Father,	John Wagner
9. Father's Occupation	Cooper
10. Father's Birthplace,	Hessen Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. Hiller
Address,	#2008 N. Henry St
Remarks,	

8960001064

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance upon the mother, immediately thereafter, of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child Twins

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) wht.

3. Date of Birth, Mat. 18/96

4. Place of Birth, (Street and Number) 2019 Ridgewood Ave.
Mr Wm Esenwein

5. Full Name of Mother, Mr Wm Esenwein

6. Mother's Maiden Name, Germany

7. Mother's Birthplace, Wm Esenwein

8. Full Name of Father, Butcher

9. Father's Occupation Germany

10. Father's Birthplace, E A Smith M.D.

Name of Medical Attendant, or other person who makes this Return, 2585 Pennsylvania

Address,

Remarks, In this case I was sent for but having an office patient could not get there in time, Mr Esenwein ~~[illegible]~~ attended case

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth occurs in the practice of any physician or midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 18/96
4. Place of Birth, (Street and Number)	565 N. Bunder St.
5. Full Name of Mother,	Eliz. Bender
6. Mother's Maiden Name,	Hausman
7. Mother's Birthplace,	Maryland
8. Full Name of Father,	Geo. Bender
9. Father's Occupation	Black-smith
10. Father's Birthplace,	Maryland
Name of Medical Attendant, or other person who makes this Return,	Wm. B. Rider
Address,	827 Harlem Ave.
Remarks,	

8760001066

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born March 19th 1896
4. *Place of Birth, (Street and Number)*	#417 Lexallwood St
5. *Full Name of Mother,*	Mrs. Mary Luchting
6. *Mother's Maiden Name,*	Miss. " Kriendick
7. *Mother's Birthplace,*	Hanover Germany
8. *Full Name of Father,*	William Luchting
9. *Father's Occupation*	Box maker
10. *Father's Birthplace,*	Hanover Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. Hiller
Address,	#2008 Mc Henry St
Remarks,	

8960001067

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 17 1896
4. Place of Birth, (Street and Number) Ashland ave 2032
5. Full Name of Mother, Francy Kral
6. Mother's Maiden Name, Bohemian
7. Mother's Birthplace, John Kral
8. Full Name of Father, Tabor
9. Father's Occupation Bohemian
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mary Kapka

Address, N Washington st 205

Remarks,

8960001068

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-18-63
~~CERTIFICATE CORRECTED 11-18-63~~

RETURN OF A BIRTH. 72926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Marie Elsie Hardesty

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 20th March 1896

4. Place of Birth, (Street and Number) Baltimore Md. 202 N Eutaw St

5. Full Name of Mother, Annie (Hardesty) Hardesty

6. Mother's Maiden Name, Brown

7. Mother's Birthplace, Baltimore

8. Full Name of Father, James (Hardesty) Hardesty

9. Father's Occupation Buster

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr Mary Keating

Address, 414 S Stricker St Baltimore Md

Remarks, Mother and Child are doing well

8960001069

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 20 1896
4. *Place of Birth, (Street and Number)* Jeffson st 1911
5. *Full Name of Mother,* Mary Pokorna
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohaimen
8. *Full Name of Father,* Anton Pokorna
9. *Father's Occupation* Fa[illegible]
10. *Father's Birthplace,* Bohaimen

Name of Medical Attendant, or other person who makes this Return, Mary Klopfer

Address, N Washington st 205

Remarks,

B 7 6 0 0 0 1 0 7 0

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 21 March
4. Place of Birth, (Street and Number) 921 Baltimore
5. Full Name of Mother, Susan R Bruce
6. Mother's Maiden Name, Susan R Smith
7. Mother's Birthplace, Howard County
8. Full Name of Father, Jeffrey Bell
9. Father's Occupation Coachman
10. Father's Birthplace, Howard County

Name of Medical Attendant, or other person who makes this Return, Caroline Bruce

Address, 1066 Rabarge Street

Remarks,

8960001071

Wm. J. C. Dulany Co., City Printers and Stationers

shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Saturday March 21 / 96
4. Place of Birth, (Street and Number) 1003 / Bridgley. Baltimore
5. Full Name of Mother, Emma Wich
6. Mother's Maiden Name, Emma Diesterhoff
7. Mother's Birthplace, Danzig Berlin Germany
8. Full Name of Father, Louis H Wich
9. Father's Occupation, Paperhanger
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mary E Bentley

Address, 929 S. Paca St

Remarks, Child living

8960004072

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

...every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2. Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born March 22nd 1896
4. *Place of Birth, (Street and Number)*	# 127 Frederick, Ave
5. *Full Name of Mother,*	Mrs. Katie Schrepp
6. *Mother's Maiden Name,*	Miss. " Engel
7. *Mother's Birthplace,*	Balto City
8. *Full Name of Father,*	William Schrepp
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Balto City
Name of Medical Attendant, or other person who makes this Return,	Mrs. Hilbert
Address,	# 2008 N. Henry St
Remarks,	

8760001073

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, March 23 186
4. Place of Birth, (Street and Number) 815 Eutaw st
5. Full Name of Mother, Margret Jackson
6. Mother's Maiden Name, Margret Carrel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, grant Jackson
9. Father's Occupation, Waiting Labour
10. Father's Birthplace, Warrington

Name of Medical Attendant, or other person who makes this Return, Bridgit Hunt

Address, 111 west Fleury st

Remarks, full 9 months

If any physician or practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. BULANY CO. CITY PRINTERS AND STATIONERS.

8960001074

RETURN OF A BIRTH. 72932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 & 6 the

1. Sex, (state whether male or female) both Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 2d 1896
4. Place of Birth, (Street and Number) Wilson str near Madison ave
5. Full Name of Mother, Rosa Schindler
6. Mother's Maiden Name, Rosa Roder
7. Mother's Birthplace, Bavaria Germany
8. Full Name of Father, Alois Schindler
9. Father's Occupation Shoemaker
10. Father's Birthplace, Bavaria Germany

Name of Medical Attendant, or other person who makes this Return Mrs W. Maennel Filed 3/6/96

Address, 913 Fulton ave

Remarks Joseph Otto - 5TH Child - 72932
Michael A. - 6TH " - 72932 1/2
Alois Schwab Father

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and every month to the office of the Commissioner of Health. In case the birth of any child the attendance of a physician or practioner of midwifery, or of the person or persons of such immediately thereafter, it shall become and within the period above required, and in the manner and provisions of this section shall be sub- child to report its birth to the Commissioner fail to comply with the jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 3, 1896

4. *Place of Birth, (Street and Number)* 1119 W. Cullod St

5. *Full Name of Mother,* Helen Ashby Graffin

6. *Mother's Maiden Name,* Helen Ashby Cayllere

7. *Mother's Birthplace,* Baltimore, Md.

8. *Full Name of Father,* John Howard Graffin

9. *Father's Occupation* Merchant

10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Ida Pollack M.D.

Address, 1112 Eutaw St. North

Remarks,

8760001076

Wm. J. C. Dulany Co., City Printers and Stationers

Every Physician or Midwife in attendance upon the birth of a child is required to report the same to the office of the Commissioner of Health. In case the birth occurs without the attendance of a physician or midwife, or should no other person required, and who is within the period above required, comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 4th
4. Place of Birth, (Street and Number) Bond 601
5. Full Name of Mother, Julia Menachewskei
6. Mother's Maiden Name, Depracht
7. Mother's Birthplace, Poland
8. Full Name of Father, Stanislaus Menachewskei
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return Mary Kratz RN

Address, 602 S. Bond St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers

04 00 00 1077

RETURN OF A BIRTH. 72935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 6th, 1932
4. Place of Birth, (Street and Number) Shakespeare Apt
5. Full Name of Mother Lina Batchinska
6. Mother's Maiden Name, " Bavoska
7. Mother's Birthplace, Poland
8. Full Name of Father, Joe Batchinska
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Ter Z Pa

Address, 602 E. Bond St

Remarks,

8460001078

Wm. J. C. Dulany Co., City Printers and Stationers

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and ... day of each and every month to the office of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 7 th 96
4. Place of Birth, (Street and Number) Dallas St. E 25
5. Full Name of Mother, Sophia Selle
6. Mother's Maiden Name, // Bunts
7. Mother's Birthplace, Germany
8. Full Name of Father, John Selle
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Protzka

Address, 502 S. Bond

Remarks,

8760001079

Wm. J. C. Dulany Co., City Printers and Stationers.

...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 7th 11
4. Place of Birth, (Street and Number), Eastern Ave. 1415
5. Full Name of Mother, Julia Kaminski
6. Mother's Maiden Name, " Burt Boska
7. Mother's Birthplace, Poland
8. Full Name of Father, Stanislaus Kaminski
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kratz Pa

Address, 602 S. Bond Str.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers

8960001080

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7-8

1. *Sex, (state whether male or female)* Female and Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 11th 4
4. *Place of Birth, (Street and Number)* Plane St. 1526
5. *Full Name of Mother,* Sophia Bujenski
6. *Mother's Maiden Name,* " Kowalkowski
7. *Mother's Birthplace,* Poland
8. *Full Name of Father* Andrew Bujenski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kotzka

Address, 602 S. Bond St.

Remarks,

8 9 6 0 0 0 1 0 8 1

Wm. J. C. Dulany Co., City Printers and Stationers

...practitioner in the form of a certificate between the first and ...ge of the Commissioner of Health. In case the birth of any child ...cian or practicuer of midwifery, or should no other person be in ...reafter it shall become the duty of the person or parents of such ...f Health, in the manner and within the period above required, and ...fail to comply with the provisions of this section shall be sub- ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11th March
4. *Place of Birth, (Street and Number)* Home St. 1609
5. *Full Name of Mother,* Sophia Saglaski
6. *Mother's Maiden Name,* Wotishack
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* John Saglaski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kritzka

Address, 602 S. Bond

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001082

SAFETY FILM

RETURN OF A BIRTH. 72940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 the

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 12 the 1896
4. Place of Birth, (Street and Number) 112 Park ave
5. Full Name of Mother, Caroline Kraft
6. Mother's Maiden Name, c Krämmer
7. Mother's Birthplace, Germany
8. Full Name of Father, Max Kraft
9. Father's Occupation Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs W. Maennel

Address, 913 n Fulton ave

Remarks,

8960001083

Wm. C. Dulany Co., City Printers and Stationers.

Every day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, March 17th 1920
4. Place of Birth, (Street and Number) 1126 Ann St
5. Full Name of Mother, Bertha Lupginska Natoshefska
6. Mother's Maiden Name, //
7. Mother's Birthplace, Poland
8. Full Name of Father, John Lupginska
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kuczka

Address, 602 Bond

Remarks,

Each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and ... day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

8960001084

RETURN OF A BIRTH. 72942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 17th 1941

4. Place of Birth, (Street and Number) W 951 White St City

5. Full Name of Mother, Mrs Annie Dora Schneider

6. Mother's Maiden Name, Miss Annie Dora Mayer

7. Mother's Birthplace, Nurnberg (Germany)

8. Full Name of Father, Frederick W Schneider

9. Father's Occupation Baker

10. Father's Birthplace, Niederstetten (Germany)

Name of Medical Attendant, or other person who makes this Return Mrs W. Maennel

Address, 913 n Fulton ave ~~951 White St City~~

Remarks,

8960001085

Wm. J. C. Dulany Co., City Printers and Stationers.

...day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72943

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Third~~ Eighth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18th March 1896 —
4. Place of Birth, (Street and Number) 1224 Patapsco St. —
5. Full Name of Mother, Barbara Ruppert —
6. Mother's Maiden Name, " Wagner
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Louis Ruppert —
9. Father's Occupation, Mechanic —
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Maggie A. Wilkinson

Address,

Remarks,

8 4 6 0 0 0 1 0 8 6

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Florence E. Michel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 20th 1896
4. Place of Birth, (Street and Number) No 1028 Compton st
5. Full Name of Mother, Kate Michel
6. Mother's Maiden Name, Kate Hoffman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Michel
9. Father's Occupation Show case maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Horning

Address, No 1547 Byrd st

Remarks,

Wm. J. C. Dulany Co,. City Printers and Stationers.

8 9 6 0 0 0 1 0 8 7

...certificate between the first and ... In case the birth of any child ... should no other person be in ... the duty of the person or parents of such ... required, and within the period above required, and ... with the provisions of this section shall be sub- ... dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 25th March
4. Place of Birth, (Street and Number) Bond 725
5. Full Name of Mother, Kate Yatkoska
6. Mother's Maiden Name, " Bernacko
7. Mother's Birthplace, Poland
8. Full Name of Father, Pete Yatkoska
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kudzka

Address, 602 S. Bond

Remarks,

8 x 6 U 0 0 1 0 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sunday March 22nd 1846 10.15 P.M.
4. Place of Birth, (Street and Number) 732 Mc Henry Street
5. Full Name of Mother, Sarah Elizabeth McKee
6. Mother's Maiden Name, Sarah Elizabeth Mann
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, James McKee
9. Father's Occupation Grocer
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return, Chas. Wilson M.D.

Address, 620 Pt. North Ave.

Remarks,

B700001089

Wm. J. C. Dulany Co., City Printers and Stationers.

shall duly fill each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-29-59

RETURN OF A BIRTH. 72947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ella Edna Undutch

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mch 22nd / 1896
4. Place of Birth, (Street and Number) W. 31 E. Cross St.
5. Full Name of Mother, Sallie Undutch
6. Mother's Maiden Name, " Sherlalle
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, William Undutch
9. Father's Occupation, Mechanic
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Maggie A. Wilkinson

Address,

Remarks,

8960001090

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 23 - 96
4. *Place of Birth, (Street and Number)* 1262 Hanover St.
5. *Full Name of Mother,* Henrietta Lang
6. *Mother's Maiden Name,* Kuber
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles F. Lang
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, C. L. Buddenhagen

Address, 418 S. Paca St.

Remarks,

Wm J. C. Dulany Co., City Printers and Stationers.

S 9600001091

RETURN OF A BIRTH. 72949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 25th 96.
4. Place of Birth, (Street and Number) 1809 Linden Ave.
5. Full Name of Mother, Bena Rosenbush
6. Mother's Maiden Name, Bena Weinberg
7. Mother's Birthplace, Brooklyn N.Y.
8. Full Name of Father, Robert Rosenbush
9. Father's Occupation Clothing Merchant
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Ohle, M.D.

Address, 1203 W. Fayette St

Remarks,

8966001092

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE AMENDED Film G-510 8-11-77 mm

RETURN OF A BIRTH. 72950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Theresa ~~Josephine~~ Connelly

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, March 22, 1896
4. Place of Birth, (Street and Number) 320 Dugan Alley
5. Full Name of Mother, Mary Connelly
6. Mother's Maiden Name, Mary Welch
7. Mother's Birthplace, Ireland
8. Full Name of Father, Coleman Connelly
9. Father's Occupation Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mary A. Perine

Address, 24 S. Chester

Remarks,

Filed 1896.

8960001093

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attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72951

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, March 24
4. Place of Birth, (Street and Number) *1225 Gough st.
5. Full Name of Mother, Julia Dolittee
6. Mother's Maiden Name, Julia Hoy.
7. Mother's Birthplace, England
8. Full Name of Father, Patrick Dorritee
9. Father's Occupation Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mary A. Perkins

Address, 241 S. Chester st.

Remarks,

8960001094

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 25th 1896
4. *Place of Birth, (Street and Number)*	No 1229 Eutaw St
5. *Full Name of Mother,*	Annie Rollman
6. *Mother's Maiden Name,*	Annie Board
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Christopher Rollman
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Catherine Hornung
Address,	No 1517 Byrd St
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001095

RETURN OF A BIRTH.

72953

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)- 1st

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar. 26th 1896
4. Place of Birth, (Street and Number) ~~Cor. Oak~~ 1718 & 24 1/2 n Balto
5. Full Name of Mother, Emily B. Chipchase
6. Mother's Maiden Name, Lamb
7. Mother's Birthplace, Balto Md
8. Full Name of Father, William W Chipchase
9. Father's Occupation, Comm: Merchant
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Hefft Powell M D

Address, 865 Park - Ave

Remarks,

8960001096

Wm J C. Dulany Co., City Printers and Stationers.

Without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72,954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 9th 1896
4. *Place of Birth, (Street and Number)* 515 Forrest St
5. *Full Name of Mother,* Amelia Mann
6. *Mother's Maiden Name,* Amelia Pletch
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Louis Mann
9. *Father's Occupation,* Saloon Keeper
10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other person who makes this Return, Wm L Coyle MD

Address, Govanville Balto Co Md

Remarks,

8 9 6 U 0 0 1 0 9 7

Shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and ... and place of birth; and the ... to the office of the Commissioner of Health. In case the birth of any child ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 72955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 day of March 1896
4. Place of Birth, (Street and Number) Baltimore Calvert Lane No 804
5. Full Name of Mother, Mary Louisa Rachel
6. Mother's Maiden Name, Mary Louisa Zinkand
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Jacob Rachel
9. Father's Occupation Laborer
10. Father's Birthplace, Carrol county

Name of Medical Attendant, or other person who makes this Return, Mrs Mary L Blakeney

Address, Mrs Mary L Blakeney

Remarks, 731 Southmberland st

8 9 6 0 0 0 1 0 9 8

Wm. J. C. Dulany Co., City Printers and Stationers.

...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72,956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19th March
4. Place of Birth, (Street and Number) 2521 Mary St
5. Full Name of Mother, Magdelen Weik
6. Mother's Maiden Name, Magdelen Smeet
7. Mother's Birthplace, Peirce St
8. Full Name of Father, William Louis Weik Jr.
9. Father's Occupation Butcher
10. Father's Birthplace, 2521 Mary St

Name of Medical Attendant, or other person who makes this Return, Mrs

Address,

Remarks, Mrs Mc J Shackney
731 Cumberland St

8 9 6 0 0 0 1 0 9 9

Wm. C. Dulany Co., City Printers and Stationers.

and day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March The 14
4. *Place of Birth, (Street and Number)* Division street No 29 25
5. *Full Name of Mother,* Sarah Elizabeth Bell
6. *Mother's Maiden Name,* Sarah Elizabeth Wilson
7. *Mother's Birthplace,* Charles Co Md D C
8. *Full Name of Father,* Philip Brice Bell
9. *Father's Occupation* Waterman Labor Work
10. *Father's Birthplace,* Brine Town Charles Co Md D

Name of Medical Attendant, or other person who makes this Return, Elvira Jones

Address, 1337 Market Street

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001100

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 20th 1896
4. Place of Birth, (Street and Number) Hagerstown Balto Co Md.
5. Full Name of Mother, Carrie Frauer
6. Mother's Maiden Name, Carrie Wiebrecht
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Frauer
9. Father's Occupation, Wheelwright
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return, Rev. D. Cassel M.D.

Address, Jardenville Balto Co Md.

Remarks,

8960001101

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RETURN OF A BIRTH. 72959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First-

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 March 86
4. *Place of Birth, (Street and Number)* 239 Scott St-
5. *Full Name of Mother,* Mary Elizabeth Amey
6. *Mother's Maiden Name,* Mary A Turpin
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* William Robert Amey
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs A. M. Bischoff MD

Address, 1137 Carroll St

Remarks,

shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1896 0001102

RETURN OF A BIRTH.

72960

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex (state whether male or female)* Boy
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 22nd, March.
4. *Place of Birth (Street and Number)* 1809 E. Biddle St.
5. *Full Name of Mother* Eva Lanahan
6. *Mother's Maiden Name* Eva Seyfert
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* John A. Lanahan
9. *Father's Occupation* Moulder
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Kate Lanahan

Address 1049 Nicholson St.

Remarks Dangerous.

8960001103

RETURN OF A BIRTH. 2961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 23rd 1896
4. Place of Birth, (Street and Number) Preston St. & Chapel
5. Full Name of Mother, Kate West
6. Mother's Maiden Name, Kate Schwab
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Wm C. West
9. Father's Occupation, Jeweler
10. Father's Birthplace, Balto Co.

Name of Medical Attendant, or other person who makes this Return, Wm D Corse

Address, Gardenville Md.

Remarks,

1896 0001104

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* March 22 1900
4. *Place of Birth, (Street and Number)* 1801 Bloomfield
5. *Full Name of Mother,* Laura Barnes
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Geo Thomas
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Co Md

Name of Medical Attendant, or other person who makes this Return, C. M. Thomas

Address, 710 Lemmon Park St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001105

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72,963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* - - - -
3. *Date of Birth,* 3/23/96
4. *Place of Birth, (Street and Number)* No 926 Castle Str
5. *Full Name of Mother,* Rosa Vodicka
6. *Mother's Maiden Name,* Mutejka
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Vodicka
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross.

Address, No 1907 E Monument Str

Remarks,

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001106

RETURN OF A BIRTH. 42964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, march 24

4. Place of Birth, (Street and Number) Baltimore 715 Lombard Place

5. Full Name of Mother, Emma Williams

6. Mother's Maiden Name, Emma Hessner

7. Mother's Birthplace, Baltimore County

8. Full Name of Father, Edward Williams

9. Father's Occupation Cabinet Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. M. L. Shackelford

Address, 731 Cathedral St

Remarks,

8960001107

Wm. C. Dulany Co., City Printers and Stationers.

...day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and ...shall become the duty of the person or parents of such child to report its birth to the ...immediately thereafter it ...with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* — — —
3. *Date of Birth,* 3/26/96
4. *Place of Birth, (Street and Number)* No 1907 Jefferson Ave
5. *Full Name of Mother,* Francis Hoehl
6. *Mother's Maiden Name,* Ries
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Leo Hoehl
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L. Goss.

Address, No 1907 E Monument St

Remarks,

Each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8900001108

RETURN OF A BIRTH 72966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 26 "96

4. Place of Birth, (Street and Number) 1309 Park Ave

5. Full Name of Mother, Lena Simpson

6. Mother's Maiden Name, Lena Smith

7. Mother's Birthplace, Baltimore

8. Full Name of Father, George T. Simpson

9. Father's Occupation, Plumber

10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return. A K Hadel M D

Address, 1143 Park Ave

Remarks, Baltimore Md

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

8960001109

RETURN OF A BIRTH. 72967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 27th 1892
4. Place of Birth, (Street and Number) 838 Sheldon St
5. Full Name of Mother, Mrs Mary Whitehead
6. Mother's Maiden Name, Mary McClaskey
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, James Whitehead
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Mooney

Address, 809 Lemmon St

Remarks,

8960001110

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

72968

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 1 1896
4. Place of Birth, (Street and Number) 412 Lauer st
5. Full Name of Mother, Minnie Garrison
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. J. McGaddin Dick

Address, 628 N. Loudon St

Remarks,

8 7 6 0 0 0 1 1 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth shall be reported to the office of the Commissioner of Health, in the form of a certificate between the first and fifth day of each month, and the attendance of a physician or practioner of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Every birth shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

72965

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 1 1896
4. Place of Birth, (Street and Number) 884 Booth St
5. Full Name of Mother, Rosie Jones
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mackall R. Bruin

Address, 694 W. Lombard St.

Remarks,

0 7 6 0 0 0 1 1 1 2

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-21-55

RETURN OF A BIRTH. 72970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Catherine ~~Fitzhugh~~ Fitzhugh

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 7 — 96
4. *Place of Birth, (Street and Number)* 11 Carlton St
5. *Full Name of Mother,* Ida Fitzhugh
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. M. & G. Dick

Address, 611 W. Lombard St

Remarks,

8960001113

Wm. J. C. Dulany Co., City Printers and Stationers.

The Law requires a certificate of birth to be made to the Commissioner of Health within ten days after the birth, and before the child is buried. In case the birth occurs without the attendance of a physician or practioner of midwifery, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72 971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 2 96
4. Place of Birth, (Street and Number) 622 N. Lombard St
5. Full Name of Mother, Dadie Spangler
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J McJ. Dick

Address, 622 N. Lombard St

Remarks,

0 7 6 0 0 0 1 1 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

...occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72-972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 16th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 21 1896
4. Place of Birth, (Street and Number) Maternity 115 W. Lombard
5. Full Name of Mother, Annie Thompson
6. Mother's Maiden Name, Unknown
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unknown
9. Father's Occupation Unknown
10. Father's Birthplace, Unknown

Name of Medical Attendant, or other person who makes this Return, Chas. H. Vogel M.D.

Address, 115 W. Lombard

Remarks,

1896 0001115

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72973

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 3 1916
4. Place of Birth, (Street and Number) 1017 E. Eutaw St.
5. Full Name of Mother, Mary Brown
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, M. R. Brown M.D.

Address, 1017 E. Lombard St

Remarks,

U 5 0 0 0 0 1 1 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of any child, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1st

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 3 1894
4. Place of Birth, (Street and Number) 1 Lombard
5. Full Name of Mother, Elsie Katsos
6. Mother's Maiden Name, Elsie Katsos
7. Mother's Birthplace, New Jersey
8. Full Name of Father, Unknown
9. Father's Occupation, Unknown
10. Father's Birthplace, Unknown

Name of Medical Attendant, or other person who makes this Return, Chas. H. Vogel M.D

Address, 115 N. Lombard.

Remarks,

8760001117

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 7 - 96
4. Place of Birth, (Street and Number) 735 Dawson Alley
5. Full Name of Mother, Mary Galloway
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. McG. Dick M.D.

Address, 609 N. Lombard St

Remarks,

8960001118

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 4 - 96
4. Place of Birth, (Street and Number) 1028 S. Eutaw St
5. Full Name of Mother, Ida Spriggs
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return M. R. Bruin

Address, 679 W. Lombard St

Remarks,

8760001119

Wm. J. C. Dulany Co., City Printers and Stationers.

...certificate between the first and ...the office of the Commissioner of Health. In case the birth of any child ...occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72 977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, mch 4 - 96
4. Place of Birth, (Street and Number) 622 N. Lombard St
5. Full Name of Mother, Merle Cummings
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, M. R. Bruin

Address, 622 N. Lombard St

Remarks,

18960001120

Wm. J. C. Dulany Co., City Printers and Stationers.

...occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) colored
3. Date of Birth, March 5 96
4. Place of Birth, (Street and Number) 622 N. Lamb'd St
5. Full Name of Mother, Mary Thomas
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. McJ. Dick

Address, 622 N. Lambd St

Remarks,

8960001121

Wm. J. C. Dulany Co., City Printers and Stationers.

...without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 5 - 96
4. Place of Birth, (Street and Number) 622 N. Lombard St
5. Full Name of Mother, Sadie Ruffings
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, M. R. Bonin

Address, 622 N. Lombard St

Remarks,

8960001122

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 5 96
4. *Place of Birth, (Street and Number)* 622 W. Lombard St
5. *Full Name of Mother,* Julia Hall
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, W. R. Brown

Address, 622 W. Lombard St

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960001123

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* march 6 96
4. *Place of Birth, (Street and Number)* 622 N. Lombard St
5. *Full Name of Mother,* Annie Burns
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Wm J. Dick

Address, 622 N Lombard St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001124

RETURN OF A BIRTH. 72982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 9 96
4. Place of Birth, (Street and Number) 622 N Lombard St
5. Full Name of Mother, Mary Bennett
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this return, M. R. Brun

Address, 621 W. Lombard St

Remarks,

8960001125

Wm. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of the healing art, the form of a certificate between the birth of any child to the office of the Commissioner of Health. In case the birth of any child upon the mother, Commissioner of Health, in the manner provided, and child to report its birth to the Board of Health, in the manner provided, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* ~~Male~~ male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 9 — 96
4. *Place of Birth, (Street and Number)* 507 W. Lombard St
5. *Full Name of Mother,* Mary Davis
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant or other person who makes this Return, M. R. Drum

Address, 608 W. Lombard St

Remarks,

8 7 6 0 0 0 1 1 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

...day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~1st~~ 10

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 10 96
4. Place of Birth, (Street and Number) 723 Barrons Court
5. Full Name of Mother, Mary Garrish
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mc Glinck

Address, 620 W. Lexington St

Remarks,

8960001127

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) ~~White~~ Female

2. Race or Color, (if not of the white race) White.

3. Date of Birth, March 16/98

4. Place of Birth, (Street and Number) Maternity, 15 N. Lombard

5. Full Name of Mother, Henrietta Lomback

6. Mother's Maiden Name, Henrietta Lomback

7. Mother's Birthplace, Germany

8. Full Name of Father, Unknown

9. Father's Occupation " "

10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return, Chas. H. Vogel M.D.

Address, 15 N. Lombard

Remarks,

1896000011128

Each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 10 96
4. Place of Birth, (Street and Number) 622 W. Lombard St.
5. Full Name of Mother, Lizzie Miller
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return Mary Duck

Address, 622 W. Lombard St

Remarks,

8 7 6 0 0 0 1 1 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 11
4. *Place of Birth, (Street and Number)* 670 N. Lombard St
5. *Full Name of Mother,* Annie Eckes
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Dick M.

Address, 689 W. Lombard St.

Remarks,

1870000130

Wm. C. Dulany Co., City Printers and Stationers.

...certificate between the first and ... In case the birth of any child ... should no other person or parents of such ... Commissioner of midwifery, or should no other ... practitioner of midwifery, or should no other person or parents of such ... shall become the duty of the person above required, and ... in the manner and with the provisions of this section shall be sub- ... comply with the provisions of this section shall be ... be recovered as other fines and forfeitures are recoverable.

...occur without the attendance of a physician or practitioner ... of Health. In case the birth of any child ... attendance upon the mother, immediately thereafter it shall be ... child to report its birth to the Commissioner of Health, in the ... any such person or persons who shall hereafter fail to comply ... jected to the fine of ten (10) dollars for each offence, to be recovered ...

RETURN OF A BIRTH. 72988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 11 — 96
4. Place of Birth, (Street and Number) 622 W. Lombard St
5. Full Name of Mother, Alma Hafner
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, M. J. Brun

Address, 608 W. Lombard St

Remarks,

8966001131

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

FILM

RETURN OF A BIRTH. 72989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 11 96
4. Place of Birth, (Street and Number) 856 Rebecca St
5. Full Name of Mother, Mary L Howard
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Jno G. Dick

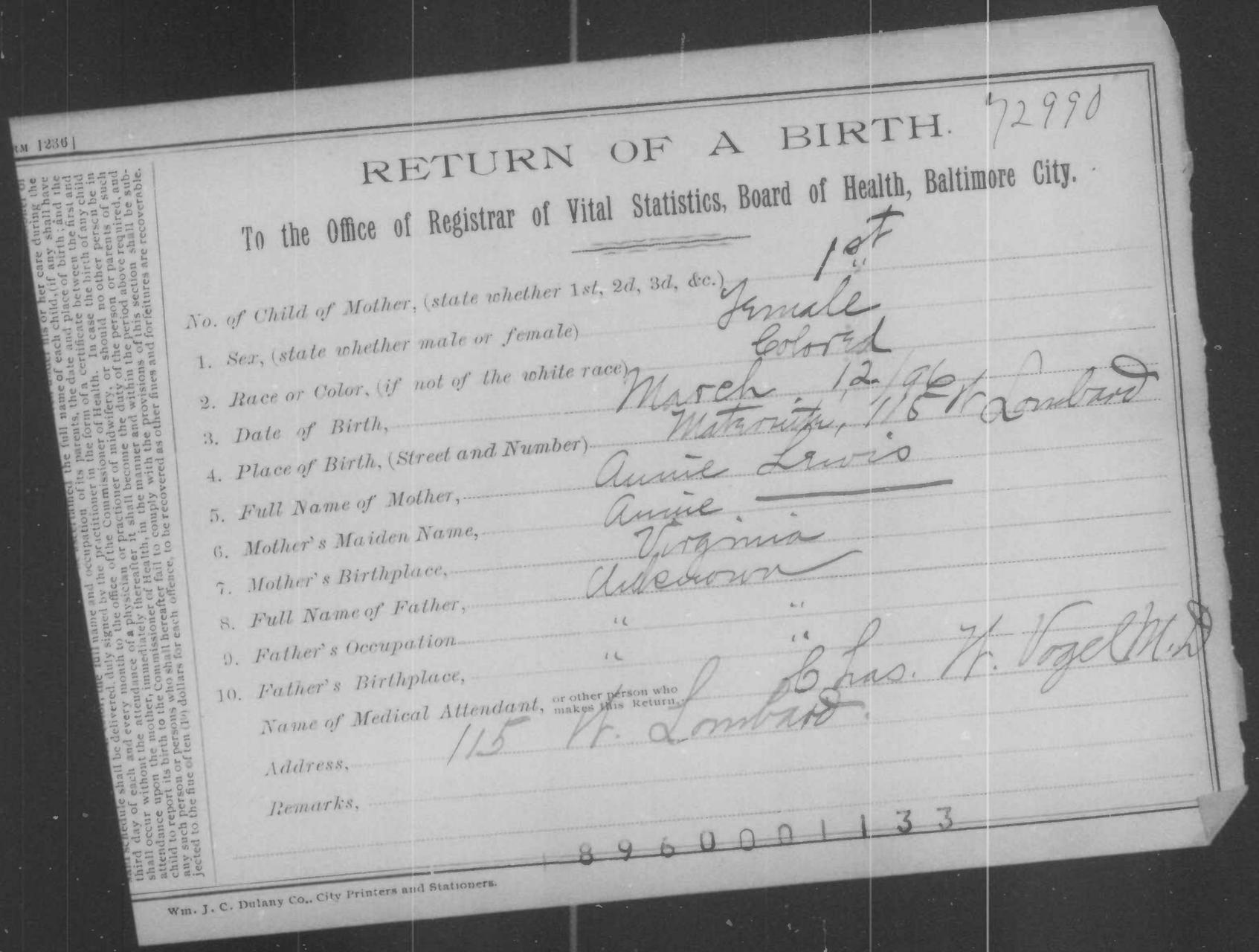
Address, 600 W Lexington St

Remarks,

8960001132

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.



M 1236]

RETURN OF A BIRTH. 72990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st "
1. Sex, (state whether male or female)	female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	March 12 1896
4. Place of Birth, (Street and Number)	Maternity, 115 N. Lombard
5. Full Name of Mother,	Annie Lewis
6. Mother's Maiden Name,	Annie Virginia
7. Mother's Birthplace,	Aldetown
8. Full Name of Father,	"
9. Father's Occupation	"
10. Father's Birthplace,	"
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Vogel M.D
Address,	115 N. Lombard.
Remarks,	

8960001133

Wm. J. C. Dulany Co., City Printers and Stationers.

The full name of each child, (if any shall have been determined), the full name and occupation of its parents, the date and place of birth, and the name and occupation of the practitioner in the form of a certificate the birth of any child shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1236]

RETURN OF A BIRTH. 72991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 19th 1916
4. *Place of Birth, (Street and Number)*	Maternity 115 N. Lanvale
5. *Full Name of Mother,*	Elvira Dickson
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	" "
10. *Father's Birthplace,*	" "
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Vogel M.D.
Address,	115 N. Lanvale
Remarks,	

8966001134

Wm. J. C. Dulany Co., City Printers and Stationers.

...Certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236]

RETURN OF A BIRTH. 72992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March, 1896
4. *Place of Birth, (Street and Number)*	Northpoint, 115 W. Lombard
5. *Full Name of Mother,*	Harriet A'Connor
6. *Mother's Maiden Name,*	Unknown
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	" "
10. *Father's Birthplace,*	" "
Name of Medical Attendant, or other person who makes this Return,	Chas. W. Vogel
Address,	115 W. Lombard.
Remarks,	

8960001135

Wm. J. C. Dulany Co., City Printers and Stationers.

And the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[M 1236]

RETURN OF A BIRTH. 72993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	March 1, 1896
4. Place of Birth, (Street and Number)	Mahoney, 115 W. Lombard
5. Full Name of Mother,	Ella Bush
6. Mother's Maiden Name,	Ella Bush
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	Unknown
9. Father's Occupation	"
10. Father's Birthplace,	"
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Vogel M.D
Address,	115 W. Lombard
Remarks,	

8960001136

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 72994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, march 10 96
4. Place of Birth, (Street and Number) 622 W. Lombard St
5. Full Name of Mother, Belle Deaf
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return Dr B. Dick

Address, 622 W. Lombard St.

Remarks,

8960001137

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) colored

3. Date of Birth, March 15 96

4. Place of Birth, (Street and Number) 920 Eliza st

5. Full Name of Mother, Maggie Blackstone

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, M. R. Bowin

Address, 620 W. Lombard st.

Remarks,

8960001138

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner in the form of a certificate between the first and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 17 96
4. Place of Birth, (Street and Number) 606 W. Lombard
5. Full Name of Mother, Ruth Allen
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Jno. G. Dick

Address, 672 W. Lombard St

Remarks,

8760001139

Wm. J. C. Dulany Co., City Printers and Stationers.

...ard day of each and every month to the office of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 72996½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) five 5

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Light brown skin
3. Date of Birth, Feb Fri 5 (96)
4. Place of Birth, (Street and Number) 627 n bethel st
5. Full Name of Mother, Catherine Robson
6. Mother's Maiden Name, Catherine Dansperfield
7. Mother's Birthplace, St marys Co
8. Full Name of Father, James walter Dansperfield
9. Father's Occupation, oyster 22 years
10. Father's Birthplace, Essex Virginia

Name of Medical Attendant, or other person who makes this Return, Emmerich

Address, 129 Canal St

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

8960001140

RETURN OF A BIRTH. 72997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 18 — 96
4. Place of Birth, (Street and Number) 622 N. Lombard St
5. Full Name of Mother, Ella Moore
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, M. J. Rick

Address, 622 N. Lombard St

Remarks,

6,760001141

Wm. J. C. Dulany Co., City Printers and Stationers.

...day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 18 96
4. *Place of Birth, (Street and Number)* 627 N Lombard St
5. *Full Name of Mother,* Maggie Stone
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. M. R. Bryan M.D.

Address, 630 W. Lombard

Remarks,

8960001142

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236]

RETURN OF A BIRTH. 72999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, March 21 96
4. Place of Birth, (Street and Number) Mathoute 115 W. Lombard
5. Full Name of Mother, Mary Lou Brown
6. Mother's Maiden Name, " " " "
7. Mother's Birthplace, ~~Va~~ Virginia
8. Full Name of Father, Frank Woodruff
9. Father's Occupation Unknown
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return, Chas. H. Vogelsang M.D.

Address, 115 W. Lombard

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

0 7 6 0 0 0 1 1 4 3

...every child, (if any shall have ...the date and place of birth; and the ...case the birth of any child ...midwifery, or should no other person be in ...duty of the person or parents of such ...within the period above required, and ...provisions of this section shall be sub- ...dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 7 — 96
4. *Place of Birth, (Street and Number)* 539 Rebecca St
5. *Full Name of Mother,* Rebecca Garrison
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M. R. Bowie

Address, 619 N. Lombard

Remarks,

1896000011144

Wm. J. Dulany Co., City Printers and Stationers.

[1236]

RETURN OF A BIRTH. 73001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Mulatto
3. *Date of Birth,*	March 21/96,
4. *Place of Birth, (Street and Number)*	Maternity, 115 W. Lombard
5. *Full Name of Mother,*	Mary Long
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	James Nicholson
9. *Father's Occupation*	Unknown
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return,	Chas. W. Lozel M.D
Address,	115 W. Lombard
Remarks,	

8960001145

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 73002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 2x — 96
4. Place of Birth, (Street and Number) 653 Josephine St
5. Full Name of Mother, Annah Adsup
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return Dr. C. J. Lack

Address, 620 W. Lombard St

Remarks,

8960001146

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73003

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 20 - 96
4. Place of Birth, (Street and Number) 120 York
5. Full Name of Mother, Cora Rangus
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, M. R. Brain

Address, 622 W. Lombard St

Remarks,

8 1 6 0 0 0 1 1 4 7

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 30 96
4. Place of Birth, (Street and Number) 622 W. Lombard St
5. Full Name of Mother, Laura Fields
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, M. A. Dick

Address, 622 W. Lombard St

Remarks,

8960001148

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall occur without the attendance of a physician or practitioner in the form of a certificate and place of birth; and the ...child to report its birth to the Commissioner of Health. In case no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. 73006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 31 96
4. *Place of Birth, (Street and Number)*	Maternity, 115 W. Lombard
5. *Full Name of Mother,*	Mary Cure
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	West Virginia
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Vogel M.D
Address,	115 W. Lombard
Remarks,	

8960001149

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 21st 96
4. Place of Birth, (Street and Number) 622 N. Lombard
5. Full Name of Mother, Jane Waters
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, M. R. Bruin

Address, 622 W. Lombard St

Remarks,

0 9 6 0 0 0 1 1 5 0

Wm. C. Dulany Co., City Printers and Stationers.

...third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 72007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 1. (5.45 P.M.)
4. Place of Birth, (Street and Number) 1607 Olive Street E. Balto
5. Full Name of Mother, Emma Staak
6. Mother's Maiden Name, Carney.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Carl August Staak.
9. Father's Occupation Painter.
10. Father's Birthplace, Fassow near Wolgin - Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kaiser (the Ind

Address, Mother Relief Society) 632 N. Eutaw St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001151

The undersigned shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 1
4. Place of Birth, (Street and Number) 812 Eutaw St
5. Full Name of Mother, Mrs Augustus Ritter
6. Mother's Maiden Name, Mrs Augustus Stuhl
7. Mother's Birthplace, Nov 12 1861
8. Full Name of Father, Mr Christian Ritter
9. Father's Occupation Black-smith
10. Father's Birthplace, Dec 4 1861

Name of Medical Attendant, or other person who makes this Return, Mrs M Finch

Address, 800 Leadenhall Street

Remarks,

8960001152

Wm. J. C. Dulany Co., City Printers and Stationers.

...the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1st of May 96.
4. Place of Birth, (Street and Number) 413. Pulaski St.
5. Full Name of Mother, Martha Winkowski
6. Mother's Maiden Name, Martha Scheit
7. Mother's Birthplace, Pole
8. Full Name of Father, Julius Winkowski
9. Father's Occupation Labor
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Friederike Keeler midwife

Address, 216 N. Pratt St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001153

If any child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 73010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 1. 1896
4. Place of Birth, (Street and Number) 857 Lemon St.
5. Full Name of Mother, Lilly Johnson
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Va
8. Full Name of Father, Albert Viniston
9. Father's Occupation, ——
10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return. Louise Eaton M.D.

Address, 1410 W. Hoffman St

Remarks,

Certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

8960001154

RETURN OF A BIRTH. 73011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) XIV.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 1415 E. Lexington Street.
4. Place of Birth, (Street and Number) March 2. (11. A. M.)
5. Full Name of Mother, Rose Smith,
6. Mother's Maiden Name, Hughes.
7. Mother's Birthplace, New York.
8. Full Name of Father, George Washington Smith
9. Father's Occupation Laborer.
10. Father's Birthplace, Ellicott City - Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. B. Kann / for

Address, The Mothers Relief Society / 632. N. Fremont Ave.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8760001155

third day of each and every month to the office of the Commissioner of Health; and the attendance of a physician or practioner of midwifery, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7. d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 2. (1.50 P. M.)
4. Place of Birth, (Street and Number) 1724 Bethel Street.
5. Full Name of Mother, Elizabeth Garrittson.
6. Mother's Maiden Name, Lucas.
7. Mother's Birthplace, New York.
8. Full Name of Father, John Garrittson
9. Father's Occupation, Laborer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kane (for the Mothers Relief Society)

Address, 632 N. Fremont Ave.

Remarks,

8760001156

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ... third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 3rd 1896
4. Place of Birth, (Street and Number) 2364 Stockton St
5. Full Name of Mother, Maggie Kapler
6. Mother's Maiden Name, Maggie Schuster
7. Mother's Birthplace, Germany
8. Full Name of Father, Christian Kapler
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs A Wiesenthal

Address, 567 Bloom St

Remarks,

8960001157

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 4th 1896
4. Place of Birth, (Street and Number) 312 N. Broadway
5. Full Name of Mother, Anna J. Tolbert
6. Mother's Maiden Name, " J. Chenoweth
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, George Tolbert
9. Father's Occupation Florist
10. Father's Birthplace, London England

Name of Medical Attendant, or other person who makes this Return, Mary A. Allwell

Address, 1438 N. Bond St Balto Md

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

5 9 6 0 0 0 1 1 5 8

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 4-3-57

RETURN OF A BIRTH. 73015

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Fannie Fay

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 4 1896
4. Place of Birth, (Street and Number) 1120 Clarkson St
5. Full Name of Mother, Sarah Fay
6. Mother's Maiden Name, Sarah Cohn
7. Mother's Birthplace, Russia
8. Full Name of Father, Benj. Fay
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Fineburg

Address, 27 Eloy St

Remarks,

8960001159

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1. U
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	3rd of March 96.
4. *Place of Birth, (Street and Number)*	2235 Frederick Av
5. *Full Name of Mother,*	Auguste Schneider
6. *Mother's Maiden Name,*	Auguste Beck.
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Christ Schneider
9. *Father's Occupation*	Laber
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Heuler Midwife
Address,	216 W. Pratt St
Remarks,	

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

0 9 6 0 0 0 0 1 1 6 0

RETURN OF A BIRTH. 73017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 7th. 1896
4. *Place of Birth, (Street and Number)* 223 E. Paca St.
5. *Full Name of Mother,* Mary Howard
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* unknown
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, D W Keown M D

Address, Maryland Genl Hosp

Remarks,

B 7 6 0 0 0 1 1 6 1

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and [illegible]ners

RETURN OF A BIRTH. 7/30/18

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 17th 96
4. *Place of Birth, (Street and Number)* Md General Hospital
5. *Full Name of Mother,* Marguerite Vessels
6. *Mother's Maiden Name,* Marguerite Vessels
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* unknown
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, F W Kerwood MD

Address, Maryland General Hospital

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers

B 7 6 0 0 0 1 1 6 2

The Certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 12th 1896
4. Place of Birth, (Street and Number) 1521 St Paul's St
5. Full Name of Mother, Mary Cooley
6. Mother's Maiden Name, Mary Cooley
7. Mother's Birthplace, Balto
8. Full Name of Father, unknown
9. Father's Occupation —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, E. W. Cowan M.D.

Address, Maryland General Hospital

Remarks,

8960001163

Wm. J. C. Dulany Co., City Printers and Stationers.

The Certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/2020

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 12 1896
4. Place of Birth, (Street and Number) St Vincents Infant Asylum
5. Full Name of Mother, Margaret Woods
6. Mother's Maiden Name,
7. Mother's Birthplace, Md
8. Full Name of Father, Not known
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, A. de. Bassi M. D

Address, 809 N. Eutaw St.

Remarks,

8960001164

Wm. J. C. Dulany Co., City Printers and Stationers.

The Same can be ascertained the full name of each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 13/96
4. Place of Birth, (Street and Number) Maryland Gen'l Hospital
5. Full Name of Mother, Louisa Leibman
6. Mother's Maiden Name, Louisa Leibman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, unknown
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J W Brown M.D.

Address, Maryland Gen'l Hospital

Remarks,

Every person who shall be present at the birth of any child shall, within ten days thereafter, report to the Commissioner of Health, in writing, the sex, color, the full name and occupation of its parents, the date and place of birth, and the name, if any, that may be given to such child, and shall sign his or her name to the said schedule; and the father, mother, or householder in whose house or premises any child shall be born, shall, within ten days after the birth of such child, if any shall have occurred in his or her care during the third day of each and every month to the office of the Commissioner of Health, the full name and occupation of its parents, the date and place of birth, and the name, if any, that may be given to such child, and shall sign his or her name to the said schedule; and the physician, midwife, or practitioner in attendance upon the mother, immediately thereafter, shall report to the office of the Commissioner of Health, in the form of a certificate between the first and third day of each month, the full name and occupation of its parents, the date and place of birth; and the name, if any, that may be given to such child, and shall sign his or her name to the said certificate; and in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

Wm. J. C. Dulany Co., City Printers and Stationers

8960001165

RETURN OF A BIRTH. 13052

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 15th 1896
4. Place of Birth, (Street and Number) Md Genl Hospital
5. Full Name of Mother, Letha Johnson
6. Mother's Maiden Name, Letha Johnson
7. Mother's Birthplace, Balto.
8. Full Name of Father, unknown.
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Fr Known M.D.

Address, Md Genl Hospital

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8966000011166

RETURN OF A BIRTH. 73023

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 16th 1896
4. Place of Birth, (Street and Number) Maryland Genl Hosp.
5. Full Name of Mother, Mary Woods.
6. Mother's Maiden Name, Mary Woods
7. Mother's Birthplace, Md
8. Full Name of Father, unknown
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, W Brown MD.

Address, Md Genl Hospital.

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

0960001167

RETURN OF A BIRTH. 73024

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 20. 1896
4. Place of Birth, (Street and Number) St. Vincents Infant Asylum
5. Full Name of Mother, Ines Jones
6. Mother's Maiden Name, "
7. Mother's Birthplace, N. C.
8. Full Name of Father, Not known
9. Father's Occupation "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, R. C. Rasin M. D.

Address, 409 N. Eutaw St.

Remarks,

8960001168

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/3025

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 20. 1896
4. *Place of Birth, (Street and Number)* St. Vincents Infant Asylum
5. *Full Name of Mother,* Mary Jamieson
6. *Mother's Maiden Name,* Not Known
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Not known
9. *Father's Occupation* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, R. L. Bass M. D.

Address, 809 N. Eutaw St

Remarks,

8760001169

Wm. J. C. Dulany Co., City Printers and Stationers.

The Midwife shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	March 21 /96
4. *Place of Birth, (Street and Number)*	Maryland Genl Hospital
5. *Full Name of Mother,*	Lizzie Boone.
6. *Mother's Maiden Name,*	same.
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	unknown.
9. *Father's Occupation*	—
10. *Father's Birthplace,*	—
Name of Medical Attendant or other person who makes this Return,	Dr Brown M.D.
Address,	Maryland Genl Hospital
Remarks,	

8960001170

Wm. J. C. Dulany Co., City Printers and Stationers

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73027

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Mar 25/96
4. Place of Birth, (Street and Number) ~~509 Oxford St~~ 509 Oxford St
5. Full Name of Mother, Annie Morgan
6. Mother's Maiden Name, Annie Morgan.
7. Mother's Birthplace, Balti
8. Full Name of Father, unknown
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, F. W Keown M.D

Address, Maryland Genl Hosp

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers

8760001171

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 25, 1896
4. *Place of Birth, (Street and Number)*	St. Vincents Infant Asylum
5. *Full Name of Mother,*	Nellie Albright
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Not known
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	R. Le. Basin M.D.
Address,	809 N. Eutaw St.
Remarks,	

8 9 6 0 0 0 1 1 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

...each child, (if any shall have ... the date and place of birth; and the ... between the first and ... birth of any child ... case the birth of any ... be in ... should no other person ... of such ... of the person or parents of such ... period above required, and ... within the ... provisions of this section shall be sub- ... hereafter fail to comply with the ... dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...third day of each and every month to the office of the ... practitioner of midwifery, or should no other person be in ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ... attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ... any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ... jected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 26. 1896
4. *Place of Birth, (Street and Number)*	St. Vincents Infant Asylum
5. *Full Name of Mother,*	Bennie Bowring
6. *Mother's Maiden Name,*	.
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Not known
9. *Father's Occupation*	"
10. *Father's Birthplace,*	.
Name of Medical Attendant, or other person who makes this Return,	R. Le. Basin M. D.
Address,	809 N. Eutaw St.
Remarks,	

8960001173

Wm. J. C. Dulany Co., City Printers and Stationers.

...the full name of each child, (if any shall have ...the date and place of birth; and the ...certificate between the first and ...birth of any child ...midwifery, or should no other person be in ...duty of the person or parents of such ...required, and within the period above required, and ...with the provisions of this section shall be sub-...offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) colored
2. Race or Color, (if not of the white race) Female
3. Date of Birth, March 29th.
4. Place of Birth, (Street and Number) Md Gen'l Hosp
5. Full Name of Mother, Nellie Gross
6. Mother's Maiden Name, Nellie Gross
7. Mother's Birthplace, Balto
8. Full Name of Father, unknown.
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, D W Keown Md.

Address, Maryland Gen'l Hosp

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

8 7 6 0 0 0 1 1 7 4

RETURN OF A BIRTH. 73032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 31. 1896
4. *Place of Birth, (Street and Number)* St Vincents Infant Asylum
5. *Full Name of Mother,* Mary Edwards
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Not known
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, N. C. Rasin M. D.

Address, 709 N. Eutaw St.

Remarks,

8960001175

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 2nd 1896
4. *Place of Birth, (Street and Number)*	1820 N. Bolton ave
5. *Full Name of Mother,*	Emma Koth
6. *Mother's Maiden Name,*	Moeller
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Koth
9. *Father's Occupation*	Bookkeeper
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Chas E. Sadtler
Address,	1839 Bolton St
Remarks,	

8960001176

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 2nd 1896
4. *Place of Birth, (Street and Number)*	1839 Bolton Ave
5. *Full Name of Mother,*	Pauline Blome
6. *Mother's Maiden Name,*	Trauth
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George Blome
9. *Father's Occupation*	Merchant
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Chas E Sadtler
Address,	1839 Bolton St
Remarks,	

8960001177

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED, 4-21-60

RETURN OF A BIRTH. 73035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ethel Hortense

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 26th 1896
4. Place of Birth, (Street and Number) 3 Chestnut Hill Ave Waverly
5. Full Name of Mother, Eugenia Riegle
6. Mother's Maiden Name, Thompson
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm Riegle
9. Father's Occupation Plumber
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Chas E Sadler M.D

Address, 1839 Bolton St

Remarks,

8960001178

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 29th 1896
4. *Place of Birth, (Street and Number)* 1552 N Carey St
5. *Full Name of Mother,* Mary Schmitz
6. *Mother's Maiden Name,* Gramith
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Wm Schmitz
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Bavaria

Name of Medical Attendant, or other person who makes this Return, Chas Eisenhuth MD

Address, 1839 Baltimore

Remarks,

8960001179

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 1 '96
4. *Place of Birth, (Street and Number)* 1721 Saint James
5. *Full Name of Mother,* Catherine Elizabeth Strahmann
6. *Mother's Maiden Name,* Catherine Elizabeth Strahmann
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Henry Strahmann
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Caroline Miller

Address, 1606 Mathews St

Remarks,

8960011180

Wm. J. C. Dulany Co., City Printers and Stationers.

The full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or person in attendance upon the mother, immediately after the birth of each child, (if any shall have occurred without the mother,) to the Registrar of Vital Statistics, at the office of the Board of Health, in the manner and within the periods required, and shall become and wisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 13038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 1 '96
4. *Place of Birth, (Street and Number)* 107 N Eden St
5. *Full Name of Mother,* Mary Alexander
6. *Mother's Maiden Name,* Dearlow
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* John Alexander
9. *Father's Occupation* Express Messenger
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1600 Walbert St

Remarks,

18960001181

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 13039

NAME ADDED 10-22-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Henry William Ludwig Fricke

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 12 '96
4. Place of Birth, (Street and Number) Madison n Aisquith St
5. Full Name of Mother, Helena Fricke
6. Mother's Maiden Name, " Lindwig
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Fricke
9. Father's Occupation Cigarmaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Müller

Address, 1606 Walker St

Remarks,

18960001182

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 73040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	William Andrew K. Hunter
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 18 96
4. *Place of Birth, (Street and Number)*	1630 Mulberry St
5. *Full Name of Mother,*	Mary B. Hunter
6. *Mother's Maiden Name,*	" Conrad
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Mathew Hunter
9. *Father's Occupation*	Nurse
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Dr. Caroline Miller
Address,	1605 Walker St
Remarks,	

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

18960001183

RETURN OF A BIRTH. 73041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 23 '96
4. Place of Birth, (Street and Number) 732 N Wolfe St
5. Full Name of Mother, Clara Stynacke
6. Mother's Maiden Name, Eltzner
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Bernard Stynacke
9. Father's Occupation Cigar Maker
10. Father's Birthplace, Balto, Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1685 Harlem St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8460001184

Same can be ascertained the full name and occupation of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; and the shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 2/96
4. *Place of Birth, (Street and Number)* 2434 Bank Str.
5. *Full Name of Mother,* Elizabeth Schmidt
6. *Mother's Maiden Name,* " Kahler
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Henry J. Schmidt
9. *Father's Occupation* Backer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1210 S. Sharp Str.

Remarks,

8960001185

Wm. J. C. Dulany Co., City Printers and Stationers.

...ed by the Commissioner of ... have occurred under his or her care during the ... same can be ascertained the full name of each child, (if any shall have ... occupation of its parents, the date and place of birth; and the ... delivered, duly signed by the practitioner in the form of a certificate between the first and ... every month to the office of the Commissioner of Health. In case the birth of any child ... the attendance of a physician or practioner of midwifery, or should no other person be in ... upon the mother, immediately thereafter it shall become the duty of the person or parents of such ... to the Commissioner of Health, in the manner and within the period above required, and ... persons who shall hereafter fail to comply with the provisions of this section shall be sub- ... dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 4/96
4. Place of Birth, (Street and Number) 2027 E. Lombard Str.
5. Full Name of Mother, Maggie Schaefer
6. Mother's Maiden Name, " Schirben
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Schaefer
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 127 S. Sharp Str.

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001186

RETURN OF A BIRTH. 73146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	II
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 7/96
4. Place of Birth, (Street and Number)	133 S. Bonds Str.
5. Full Name of Mother,	Mary Kourzenouska Drovenki
6. Mother's Maiden Name,	"
7. Mother's Birthplace,	Polen
8. Full Name of Father,	John Kourzenouska
9. Father's Occupation	Laberer
10. Father's Birthplace,	Polen
Name of Medical Attendant, or other person who makes this return	Mrs. Deisenhofer
Address,	200 S. Sharp Str.
Remarks,	

8 9 6 0 0 0 1 1 8 7

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN

To the Office of Registrar of Vita

A BIRTH. 3047

Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, III

1. *Sex, (state whether male or female)* ...y

2. *Race or Color, (if not of the white rac* White

3. *Date of Birth,* 2/96

4. *Place of Birth, (Street and Number)* ... Lombard Str.

5. *Full Name of Mother,* Mar... Kinson

6. *Mother's Maiden Name,* "

7. *Mother's Birthplace,* ...

8. *Full Name of Father,* Alexan... ilKinson

9. *Father's Occupation* ...ist

10. *Father's Birthplace,* Bal...

Name of Medical Attendant, or other per... makes this — Mrs. Deisenhofer

Address, 200 S. Broadway

Remarks,

S 9 0 0 0 0 1 1 8 8

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

73048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 2/96
4. Place of Birth, (Street and Number) 645 Mulberry Ste.
5. Full Name of Mother, Ottilla Rock
6. Mother's Maiden Name, " Weizel
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Rock
9. Father's Occupation Machinist
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address, 1200 S. Sharp Ste.

Remarks,

8760001189

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	V
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 9/96
4. *Place of Birth, (Street and Number)*	309 S. Chapel Pl.
5. *Full Name of Mother,*	Mary K. Kaufman
6. *Mother's Maiden Name,*	" " Rist
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	John M. Kaufman
9. *Father's Occupation*	Engineer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Deisenhofer
Address,	201 S. Chapel Pl.
Remarks,	

8960001190

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73050

CERTIFICATE CORRECTED 9-17-59

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Louis ~~Franklin~~ Rixham

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 12/96
4. *Place of Birth, (Street and Number)* 2208 Mc Elderry St.
5. *Full Name of Mother,* Annie (Rieckson) Rixham
6. *Mother's Maiden Name,* " (Hamerbacher) Hammerbacher
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* William (Rieckson) Rixham
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 200 S. Sharp St.

Remarks,

8960001191

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. The midwife who delivers a child shall report the birth to the office of the Commissioner of Health, and shall furnish a list of the births which she has reported during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White.
3. Date of Birth, March 12/96
4. Place of Birth, (Street and Number) 1735 Fairmount Ave.
5. Full Name of Mother, Sophie Koehler
6. Mother's Maiden Name, " Gram
7. Mother's Birthplace, Balto.
8. Full Name of Father, Louis Koehler
9. Father's Occupation Storekeeper
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Leisenhofer

Address, 1200 E. Sharp St.

Remarks,

8960001192

Wm. J. C. Dulany Co., City Printers and Stationers

Note. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73052

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 13/96
4. Place of Birth, (Street and Number) 2205 E. Pratt Str.
5. Full Name of Mother, Mary E. Weiss
6. Mother's Maiden Name, " Ritz
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. N. Weiss
9. Father's Occupation Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1201 S. Sharp Str.

Remarks,

1896000193

Health. This schedule shall contain a list of the births which have occurred under its or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex,* (state whether male or female) Girl
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* March 16/96
4. *Place of Birth,* (Street and Number) 612 S. Cannon Str.
5. *Full Name of Mother,* Katie Sommers
6. *Mother's Maiden Name,* " Hohkamp
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joseph Sommers
9. *Father's Occupation,* Fireman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 124 S. Sharp Str.

Remarks,

8960001194

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 22/96
4. *Place of Birth, (Street and Number)* 616 Light Str.
5. *Full Name of Mother,* Mina McKwey
6. *Mother's Maiden Name,* " Kuneka
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* William McKwey
9. *Father's Occupation* Laberer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhofer

Address, 1200 S. Sharp St.

Remarks,

1896000 | 195

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	IIII
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 23/96
4. *Place of Birth, (Street and Number)*	2042 Fountain Str.
5. *Full Name of Mother,*	Barbara Krug
6. *Mother's Maiden Name,*	" Schmidt
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Frank Krug
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Deisenhofer
Address,	1200 S. Sharp Str.
Remarks,	

8960001196

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 24/96
4. Place of Birth, (Street and Number) 28. S. Castle Str.
5. Full Name of Mother, Maggie Resel
6. Mother's Maiden Name, " Lamer
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. Resel
9. Father's Occupation Laberer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 200 S. Sharp St.

Remarks,

8960001197

Wm. J. C. Dulany Co., City Printers and Stationers.

...the same can be ascertained the full name of each child, (if any shall have ...mouth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 13057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 25/96
4. Place of Birth, (Street and Number) 135 N. Bradford Str.
5. Full Name of Mother, Annie Heise
6. Mother's Maiden Name, Schapleiw
7. Mother's Birthplace, "Balto.
8. Full Name of Father, John Heise
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 200 S. Sharp Str.

Remarks,

8960001198

Health. This schedule shall contain a list of the births which have occurred since the ... of the ... month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73058

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 26/96
4. Place of Birth, (Street and Number) 507 S. Luzerne Str.
5. Full Name of Mother, Ida: F. Haddaway
6. Mother's Maiden Name, " " Shannon
7. Mother's Birthplace, Balto.
8. Full Name of Father, James. F. Haddaway
9. Father's Occupation Barber
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 201 S. Sharp St.

Remarks,

8960001199

Wm. J. C. Dulany Co., City Printers and Stationers

CERTIFICATE CORRECTED 10-12-50

RETURN OF A BIRTH. 73059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII Anna Weber

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 27/96
4. Place of Birth, (Street and Number) 2211 Rosecy Ste.
5. Full Name of Mother, Mary P. Weber
6. Mother's Maiden Name, " " Schell
7. Mother's Birthplace, Balto.
8. Full Name of Father, ~~Mathäus~~ Martin Weber
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1201 S. Sharp Ste.

Remarks,

8960001200

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 7 31 60.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 27/96
4. Place of Birth, (Street and Number) 645 N. Chester Str.
5. Full Name of Mother, Mary A. Fritsch
6. Mother's Maiden Name, " " Broocks
7. Mother's Birthplace, Balto.
8. Full Name of Father, Wm. L. B. Fritsch
9. Father's Occupation Collector
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Thos. Deisenhofer

Address, 1200 L. Sharp Str.

Remarks,

8960001201

Wm. J. C. Dulany Co., City Printers and Stationers

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 29/96
4. *Place of Birth, (Street and Number)* 414 S. Register St.
5. *Full Name of Mother,* Walburga Strohecker
6. *Mother's Maiden Name,* " Schalk
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Fred. Strohecker
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 200 S. Sharp St.

Remarks,

8960001202

mouth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6th March
4. Place of Birth, (Street and Number) 1556 Ridgland Street
5. Full Name of Mother, Mary Long
6. Mother's Maiden Name, Mary Maurer
7. Mother's Birthplace, Germany
8. Full Name of Father, Christian Long
9. Father's Occupation Gardner
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Mrs C. Raubach

Address, 2859 N. Fulton Ave

Remarks,

8960001203

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 March
4. Place of Birth, (Street and Number) 2851. Fulton Ave
5. Full Name of Mother, Lizzie Krick
6. Mother's Maiden Name, Lizzie Schade
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Herman Krick
9. Father's Occupation Molassas
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Jno C Fauleticks

Address, 2859. N. Fauleticks

Remarks,

8960001204

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 March 1896
4. Place of Birth, (Street and Number) 2403 Francis St
5. Full Name of Mother, Mattie Swain
6. Mother's Maiden Name, Mattie Hyde
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Swain
9. Father's Occupation Conductor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs C. Faulstich

Address, 2859 Fulton Ave

Remarks,

8960001205

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27th March
4. Place of Birth, (Street and Number) 2863 Fulton Ave
5. Full Name of Mother, Mary Shepperd
6. Mother's Maiden Name, Mary Gosnell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Shepperd
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs C. Faulstich

Address, 2859 Fulton Ave

Remarks,

8960001206

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Return of a birth to be made in duplicate within ten days after the birth of each child born alive, or after the first discovery of any child found dead, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male — Raymond Paul Speake
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	14 March 1896
4. *Place of Birth, (Street and Number)*	1926 Eastern Ave
5. *Full Name of Mother,*	Jennie O. Baile (Speake)
6. *Mother's Maiden Name,*	Walter
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	George W. Speake
9. *Father's Occupation*	Sailor Minister
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Jno E. A. Brooks
Address,	1828 Eighth St
Remarks,	Doing well

Full given name of child added by sister upon applying for a transcript. Mary Lee Speake

~~Volume 8 Folio 1207~~ Volume 8 Folio 1207 Petition

Births, Index Card - Mar. 14 - 1929.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 March 1896
4. Place of Birth, (Street and Number) 923 Williams St
5. Full Name of Mother, Sarah Bell
6. Mother's Maiden Name, " Gerhardt
7. Mother's Birthplace, Baltic
8. Full Name of Father, Joseph Bond
9. Father's Occupation Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs E M Brooks

Address, 1828 Eight St Baltimore

Remarks,

8960001208

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, 17 March 1899
4. Place of Birth, (Street and Number) 1111 Elizabeth Lane
5. Full Name of Mother, Lucie Mae Lewis
6. Mother's Maiden Name, Tarleton
7. Mother's Birthplace, Watts
8. Full Name of Father, Alexander R. Lewis
9. Father's Occupation Mechanic
10. Father's Birthplace, Watts

Name of Medical Attendant, or other person who makes this Return, Jas E. D. Bagley

Address, #1828 Eight St

Remarks, Doing well

18960001209

Wm. J. C. Dulany Co., City Printers and Stationers.

73069

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 March 1915
4. Place of Birth, (Street and Number) 1924 Williams St
5. Full Name of Mother, Louise M. Blackburn
6. Mother's Maiden Name, Ford
7. Mother's Birthplace, Buffalo N.Y.
8. Full Name of Father, William Blackburn
9. Father's Occupation Shipwright
10. Father's Birthplace, Md Maryland

Name of Medical Attendant, or other person who makes this Return, Jno E. A. Brooks

Address, 1828 Eutaw St

Remarks, Double

8960001210

Wm. J. C. Dulany Co., City Printers and Stationers.

Every child born within the city of Baltimore shall be reported to the Registrar of Vital Statistics within ten days after birth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Colored

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth,* 9 March 1898
4. *Place of Birth, (Street and Number)* 1101 William
5. *Full Name of Mother,* Estella Burr
6. *Mother's Maiden Name,* Robert
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Robert E Burr
9. *Father's Occupation* Bag Packer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Chas E Mc Brooke

Address, 1828 Eight St

Remarks, Dowagwell

8960001211

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 20 March 1911

4. Place of Birth, (Street and Number) 121 Wallace

5. Full Name of Mother, Louisa Walker

6. Mother's Maiden Name, Louisa Downey

7. Mother's Birthplace, Maryland

8. Full Name of Father, Thomas Cooper

9. Father's Occupation Farming

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Geo E & A Brooks

Address, #1828 Eight & St

Remarks, Dr. Duffy well

8960001212

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as to the same can be ascertained, the name, sex and color of each child born alive at one birth; and the date and place of birth; and the date and place of birth of the first and each subsequent child born to the mother; the date and place of the marriage of the parents, the date of the birth of any child born to the mother out of wedlock, and the name and occupation of its parents, the date of a certificate between the birth of any child and the date of a certificate between

RETURN OF A BIRTH. 73072

GIVEN NAME ADDED 11-25-38

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ida Victoria ~~Geipp~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 22 nd 1846
4. Place of Birth, (Street and Number) 123 E Lexington
5. Full Name of Mother, Louise Seipp
6. Mother's Maiden Name, " Conrad
7. Mother's Birthplace, Bulla
8. Full Name of Father, Charles A Seipp
9. Father's Occupation Carpenter
10. Father's Birthplace, Bulla

Name of Medical Attendant, or other person who makes this Return, Wm E F Brooks

Address, 1898 Eastern Ave

Remarks, Maria Wall

8960001·213

Wm. J. C. Dulany Co., City Printers and Stationers.

The Commissioner of Health shall cause the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* March 23 1896
4. *Place of Birth, (Street and Number)* 1420 Eutaw St.
5. *Full Name of Mother,* Ellen E. Hannan
6. *Mother's Maiden Name,* Kenny
7. *Mother's Birthplace,* England
8. *Full Name of Father,* William H. Hohlmann
9. *Father's Occupation* Brass Finisher
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Chas E. R. Woods

Address, #1828 Eight St.

Remarks, Doing well

8960001214

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 2nd 1920
4. Place of Birth, (Street and Number) 344 E Barney St
5. Full Name of Mother, Clara L. Wagner
6. Mother's Maiden Name, " " Hess
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jacob Wagner
9. Father's Occupation Wood Carver
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return, Mrs E A Brooks

Address, 1828 Bright St

Remarks, Doubtful

Jacob H. a.d.v. 3/3/20

8960001215

Wm. J. C. Dulany Co., City Printers and Stationers.

Rule.—The name of each child, if any shall have been conferred, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 March 1900
4. Place of Birth, (Street and Number) 1121 William St
5. Full Name of Mother, Victoria Burn
6. Mother's Maiden Name, Dorman
7. Mother's Birthplace, Balto
8. Full Name of Father, Charles P Burn
9. Father's Occupation Glass Blower
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Jas E A Burke

Address, 1828 Bright St

Remarks, Doing well

8 7 6 0 0 0 1 2 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, that has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 25 1900
4. Place of Birth, (Street and Number) 1720 Bank St
5. Full Name of Mother, Rosa Kuhl
6. Mother's Maiden Name, Belt
7. Mother's Birthplace, Maryland
8. Full Name of Father, William Kuhl
9. Father's Occupation Tailor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Jas E A Brooke

Address, 1828 Eighteen

Remarks, Doing well

8960001217

month, and shall set to the same can be ascertained the full name of each Child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child Total

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 28 March 1909

4. *Place of Birth, (Street and Number)* 1909 Hanover st

5. *Full Name of Mother,* Mary Rose Lagana

6. *Mother's Maiden Name,* Balsa

7. *Mother's Birthplace,* Buffalo

8. *Full Name of Father,* Louis A Ragusa

9. *Father's Occupation* Tailor

10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return. Peter E. Radcliffe

Address, 1509 Leadenhall

Remarks, Living Well

8960001218

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner, or should no other person be in said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 March 1895
4. *Place of Birth, (Street and Number)* 1119 Riverside ave
5. *Full Name of Mother,* Margaret Lewis
6. *Mother's Maiden Name,* Brown
7. *Mother's Birthplace,* Washington
8. *Full Name of Father,* Joseph E. Lewis
9. *Father's Occupation* Produce Dealer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs A. E. Brooks

Address, 528 Gough St

Remarks, Corp Wells

8960001219

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth, March 23d 1896
4. Place of Birth, (Street and Number) 2904 Elliott st
5. Full Name of Mother, Mamie Insley
6. Mother's Maiden Name, Mamie Insley
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Lenoard Insley
9. Father's Occupation, Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, A Kubach Midwife

Address, 2838 Elliott

Remarks,

18960001220

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth, March 25th 1896
4. Place of Birth, (Street and Number) 2919 Elliott st Balto
5. Full Name of Mother, Josephine Forrest
6. Mother's Maiden Name, Josephine Irvin
7. Mother's Birthplace, Maryland
8. Full Name of Father, Edwin Forrest
9. Father's Occupation, Labourer
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Anne Kubach Midwife

Address, 2838 Elliott —

Remarks,

8960001221

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: ~~Charles Jacob~~ Schissler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 27th 1896
4. Place of Birth, (Street and Number) 3018 Dillon
5. Full Name of Mother, Sarah (Shissler) Schissler
6. Mother's Maiden Name, Sarah Ketchum
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Jacob (Shissler) Schissler
9. Father's Occupation, Painter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Anna Kubach Midwife

Address,

Remarks,

8960001222

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 27th 1896
4. Place of Birth, (Street and Number) 801 Potomac st Balto Md
5. Full Name of Mother, Lydia Horstman
6. Mother's Maiden Name, Lydia Parks
7. Mother's Birthplace, Maryland
8. Full Name of Father, Julius Horstman
9. Father's Occupation, Mariner
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Annie Kulack Midwife

Address, 2838 Elliott st

Remarks,

8960001223

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73083

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) forest

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 6 the 6day
4. Place of Birth, (Street and Number) 1102 Burley st
5. Full Name of Mother, Anna Andrle
6. Mother's Maiden Name, Anna Ose
7. Mother's Birthplace. German
8. Full Name of Father, Herman Andrle
9. Father's Occupation Shoemaker
10. Father's Birthplace, German

Name of Medical Attendant, or other person who makes this Return, Mrs R. Liecsemann

Address, 1208 Hare st.

Remarks,

8960001224

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,, City Printers and Stationers.

RETURN OF A BIRTH. 73084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race)
3. Date of Birth, March 16 th
4. Place of Birth, (Street and Number) 2732 Dillon st
5. Full Name of Mother, Mary Kontowski
6. Mother's Maiden Name, Schwenski
7. Mother's Birthplace, Germany.
8. Full Name of Father, John Kontowski
9. Father's Occupation Laborer
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs P. Siersmann.

Address, 1208 Hare st.

Remarks,

1896U001225

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Two
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 17
4. *Place of Birth, (Street and Number)*	Baltimore · 1210 · canton Alt
5. *Full Name of Mother,*	Katie Crusse
6. *Mother's Maiden Name,*	Katie · Sweeny
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Charles · E Crusse
9. *Father's Occupation*	Stevedore
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	Wm P. Lecrsemann
Address,	205 Hace st.
Remarks,	

8760001225

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 73086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 18th 96

4. Place of Birth, (Street and Number) 1104 Robinson st Balto

5. Full Name of Mother, Annie Dorothy Kellner

6. Mother's Maiden Name, Annie Dorothy Fritz

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John Kellner

9. Father's Occupation Marine Engineer

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Siemann

Address, 1208 Hart st.

Remarks,

18960001227

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day without the attendance of a physician or practitioner of Health. In case the birth person be in shall occur upon the mother, immediately thereafter it shall be the duty of the person or parents of such attendance upon its birth to the Commissioner of Health to comply with the provisions of this section shall be sub- child to report its birth to the Commissioner of midwifery, or should no other jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race)
3. Date of Birth, May 25th
4. Place of Birth, (Street and Number) 1105 Lakewood St.
5. Full Name of Mother, Kristine Schroeder
6. Mother's Maiden Name, Schmidt.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Johan Schroeder
9. Father's Occupation Feller.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Nor P Siersmann

Address, 1208 Haxer

Remarks,

8960001223

Wm. J. C. Dulany Co., City Printers and Stationers.

been entered its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race)
3. Date of Birth, March 31, 1896.
4. Place of Birth, (Street and Number) 2410 Orleans St.
5. Full Name of Mother, Rosa Kolb.
6. Mother's Maiden Name, Rose Meisen.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Johan Kolb.
9. Father's Occupation Laborer,
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs D Siersmann,

Address, 1208 Pine st.

Remarks,

8960001229

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate [illegible] the birth of any child shall occur without the mother, immediately after, in the manner and within the period above required, and attendance upon birth to the Commissioner hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

In case no other person or parents of such

third day of each and every month to the office of the Commissioner of Health, or should no physician or practitioner of midwifery, of the person above required, and

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and

RETURN OF A BIRTH. 73089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 4–96
4. Place of Birth, (Street and Number) 910 W Lexington St.
5. Full Name of Mother, Minnie Klein
6. Mother's Maiden Name, " Romey
7. Mother's Birthplace, Forchtenberg, in Wurtemberg, Germany
8. Full Name of Father, Christian Fr. Klein
9. Father's Occupation Cabinet maker
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Dr. L. Lohr

Address, 1014 W. Fayette St

Remarks,

8960001230

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 4 — 1896
4. Place of Birth, (Street and Number) 1015 Eastern Ave.
5. Full Name of Mother, Lizzie Bauer
6. Mother's Maiden Name, Will
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Bauer
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant or other person who makes this Return, Mary Stein

Address, 1429 E. Oraft St.

Remarks,

8960001231

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 5 — 1876
4. Place of Birth, (Street and Number) 401 S. Central Ave.
5. Full Name of Mother, Rozetha Nicolson
6. Mother's Maiden Name, Mc Clasken
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Nicolson
9. Father's Occupation Shipping Clerk
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Mary Klein

Address, 1427 E Fratt St.

Remarks,

8960001232

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, March 7th 1896

4. Place of Birth, (Street and Number) 1009 N. Dallas st

5. Full Name of Mother, Annie Sheldon

6. Mother's Maiden Name, " McDonald

7. Mother's Birthplace, Ireland

8. Full Name of Father, William W. Sheldon

9. Father's Occupation, Founder man

10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, 944 N. Gay st

Remarks,

1896001233

[illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 7 1896
4. Place of Birth, (Street and Number) 304 S. Bethel St.
5. Full Name of Mother, Florence V. Jones
6. Mother's Maiden Name, Gallus
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas H. Jones
9. Father's Occupation Horseler
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Fall St.

Remarks,

1 8 9 6 0 0 0 0 1 2 3 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 3 1896
4. Place of Birth, (Street and Number) 1119 E. Pratt St.
5. Full Name of Mother, Minnie Blehn
6. Mother's Maiden Name, Marks
7. Mother's Birthplace, Rusia
8. Full Name of Father, Simon Blehn
9. Father's Occupation Laboren
10. Father's Birthplace, Rusia

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1127 E. Pratt St.

Remarks,

1896000 1235

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the attendance upon the mother, Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73095

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, &c.) Fifth.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White.

3. Date of Birth, March 9 1896.

4. Place of Birth, (Street and Number) 303 S. Smallwood St. Baltimore

5. Full Name of Mother, Florence Young.

6. Mother's Maiden Name, Florence Young.

7. Mother's Birthplace, Maryland

8. Full Name of Father, Wm Young

9. Father's Occupation

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return Dr. A. J. Robbins.

Address, 16 W Saratoga St.

Remarks,

8960001236

been entered, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-2-60

RETURN OF A BIRTH. 73096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Louis Joseph Strahler 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 11 1876
4. Place of Birth, (Street and Number) 206 S. Caroline St.
5. Full Name of Mother, Rebeka Strahler
6. Mother's Maiden Name, Nielson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jody Strahler
9. Father's Occupation Saloon Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address,

Remarks,

8960001237

Wm. C. Dulany Co., City Printers and Stationers.

been entered. Its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth person be in attendance upon birth to the Commissioner, or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 13th 1896
4. *Place of Birth, (Street and Number)* 2942 Hudson st
5. *Full Name of Mother,* Martha McAbee
6. *Mother's Maiden Name,* Kennedy
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Gilbert McAbee
9. *Father's Occupation* Machine Hand
10. *Father's Birthplace,* Both Virginia

Name of Medical Attendant, or other person who makes this Return, W. H. Silvertha M.D.

Address, 2429 Fait Av

Remarks,

8960001238

Wm. J. C. Dulany Co., City Printers and Stationers.

The full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) F
2. Race or Color, (if not of the white race) W
3. Date of Birth, 15 Mar. -1896
4. Place of Birth, (Street and Number) 17 N. Caroline St
5. Full Name of Mother, Cathrin Zimmerman Gisener
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Conrad D Zimmerman
9. Father's Occupation Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J. M. D. Fidler

Address, 1004 W. Lexington St

Remarks,

1896000 1239

Wm. J. C. Dulany Co., City Printers and Stationers.

the full name and occupation of its parents, the date and place of birth; and the
been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become and within the period above required, and
child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over

RETURN OF A BIRTH. 73099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Amanda Emma Sturm

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 16 — 1896
4. Place of Birth, (Street and Number) No. 6 N. Rose St.
5. Full Name of Mother, Emma (Storm) Sturm
6. Mother's Maiden Name, (Quellenberg) Vroellenberg
7. Mother's Birthplace, Germany
8. Full Name of Father, Gustav Paul (Storm) Sturm
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1429 E. Pratt St.

Remarks,

8960001240

Wm. J. C. Dulany Co., City Printers and Stationers.

Said Commissioner of Health, the full name and occupation of the parents, the date and place of birth, the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Thursday 19th March 1896
4. Place of Birth, (Street and Number) 315 N Schroeder St Balto
5. Full Name of Mother, Anna Rebecca March
6. Mother's Maiden Name, Anna Rebecca Spurrier
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Otto March
9. Father's Occupation Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, M. H. Friedlein

Address, 1004 W Lexington St

Remarks,

8960001241

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 21 1896
4. Place of Birth, (Street and Number) 217 E. Register St.
5. Full Name of Mother, Mary Lizzie Simon
6. Mother's Maiden Name, Bekner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Michel Simon
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Oraft St.

Remarks,

8960001242

Wm. J. C. Dulany Co., City Printers and Stationers.

Every Child born within the City of Baltimore, its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attendant upon the mother, shall be registered, duly signed by the practitioner in the form of a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 22 1896
4. *Place of Birth, (Street and Number)* 1910 McElroy
5. *Full Name of Mother,* Lizzie Seipe
6. *Mother's Maiden Name,* Lizzie Sletz
7. *Mother's Birthplace,* Balto, Md
8. *Full Name of Father,* Henry Seipe
9. *Father's Occupation* Wholesale Liquors (bookkeeper)
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, D. J. Cameron MD

Address, 425 N Broadway

Remarks,

8960001243

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73103

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Mother, (state whether 1st, 2d, 3d, &c.) third child

whether male or female) Male

Color, (if not of the white race) White

Birth, 1896 — Born, March 23

Birth, (Street and Number) 1814 Roanoke Ave

ne of Mother, Laura Rapp

Maiden Name, Baltimore

Birthplace, Georgetown

ne of Father, Lizzie Baker

Occupation Baltimore

Birthplace, Mary Land

Medical Attendant, or other person who makes this Return, 1814 Dover St

8 9 6 U 0 0 0 1 2 4 4

...ters and Stationers.

RETURN OF A BIRTH. 73104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 23rd 1896
4. Place of Birth, (Street and Number) 575 Baker st.
5. Full Name of Mother, Mrs. Florence Walger
6. Mother's Maiden Name, Hack
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr Louis Walger
9. Father's Occupation, Car Driver
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Wm. E. Miller, M.D.

Address, 2239 Penna. Ave.

Remarks,

8760001245

been completed, its sex, color, the full name and occupation of its parents, the date and the place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 25 - 1896
4. Place of Birth, (Street and Number) 717 S. Bond St.
5. Full Name of Mother, Barbara Morris
6. Mother's Maiden Name, Sachs.
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Morris
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8960001246

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* M
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* 26 March 1896
4. *Place of Birth, (Street and Number)* 216 Fork St
5. *Full Name of Mother,* Katie Kryba
6. *Mother's Maiden Name,* Schwarman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Kryba
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, M L Dalby

Address, 1004 N Eden St

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 9 6 0 0 0 1 2 4 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Born March 26th 1896
4. Place of Birth, (Street and Number) 3611 Bruce St
5. Full Name of Mother, Emma Barchlist
6. Mother's Maiden Name, Emma Hammond
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Barchlist
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ruth Goldrow

Address, 1516 Bruce St

Remarks,

8960001243

Wm. J. C. Dulany Co., City Printers and Stationers.

The Commissioner of Health shall cause to be printed and furnished to the practitioners of medicine and midwifery, and to such other persons as may be required to make returns of births, blank forms of certificates, in such form as he may approve, for the registration of births, and shall cause to be printed and furnished to the practitioners of medicine and midwifery, and to such other persons as may be required to make returns of births, blank forms of said schedule, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73108

e Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

te whether male or female) Male

Color, (if not of the white race) White

Birth, Born March 28-1896

Birth, (Street and Number) 816 Lexington St

me of Mother, Bertie Dougherty

Maiden Name, Bertie Bethers

Birthplace, Germany

me of Father, William Dougherty

Occupation Potter

Birthplace, Baltimore

Medical Attendant, or other person who makes this Return, Alice Ruth Colburn
1814 Dover St

1896000012 49

nters and Stationers.

RETURN OF A BIRTH. 73109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March the 29th 1896
4. *Place of Birth, (Street and Number)* 204 N. Market St
5. *Full Name of Mother,* Charlotte Berry
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Charles Graves
9. *Father's Occupation* Oyster Merchant
10. *Father's Birthplace,* South Carolina

Name of Medical Attendant, or other person who makes this Return, H. A. Dedby

Address, 1004 W. Lexington St

Remarks,

8960001250

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d or &c.) 9

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, March 29 1896

4. Place of Birth, (Street and Number) 1128 Granby St.

5. Full Name of Mother, Kate Vanderberry

6. Mother's Maiden Name, Cuningham

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Vanderberry

9. Father's Occupation, Laborer

10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

1896000125 1

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-8-56

RETURN OF A BIRTH. 73111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Willie Arnold Blake

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 19 March - 1896
4. Place of Birth, (Street and Number) 1331 West
5. Full Name of Mother, Mary Blake
6. Mother's Maiden Name, " Davis
7. Mother's Birthplace, Wales
8. Full Name of Father, William Blake
9. Father's Occupation Labour
10. Father's Birthplace, Wales

Name of Medical Attendant, or other person who makes this Return. Jeff Wynn

Address, 1331 West st. Locust Point

Remarks,

8960001252

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 29th March 1896
4. Place of Birth, (Street and Number) 918 N. Wolfe st.
5. Full Name of Mother, Ida Cook
6. Mother's Maiden Name, V. Washburn
7. Mother's Birthplace, Balto
8. Full Name of Father, John A Cook
9. Father's Occupation, Fish dealer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Greene

Address, 944 N. Gay st

Remarks,

8960001253

In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 29 1896
4. Place of Birth, (Street and Number) 1402 South St.
5. Full Name of Mother, Annie Larry
6. Mother's Maiden Name, Koch
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Larry
9. Father's Occupation Ice Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Klein

Address, 1427 E Fratt St.

Remarks,

8960001254

The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon its birth, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73114

(over)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Charles William Skane

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) Sif –

1. *Sex, (state whether male or female)* Male –
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 30 – 1896
4. *Place of Birth, (Street and Number)* 846 W Lexington St
5. *Full Name of Mother,* Catherine Skane
6. *Mother's Maiden Name,* Dorsey –
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Thomas H Skane
9. *Father's Occupation* Insurance Agent –
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, W A Gedley

Address, 1004 West Lexington St

Remarks,

8960001255

been conceived, its sex, color, the full name and occupation [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73115

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 31 1896
4. Place of Birth, (Street and Number) 1009 Trinity St.
5. Full Name of Mother, Ama Meinhard
6. Mother's Maiden Name, Haas
7. Mother's Birthplace, Germany
8. Full Name of Father, Alexander Meinhard
9. Father's Occupation Stonemason
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Mein

Address 1427 E. Pratt St.

Remarks,

8960001256

The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

W. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9. th.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	March. 1. 1896.
4. *Place of Birth, (Street and Number)*	927. Lemmon. st.
5. *Full Name of Mother,*	Mrs. Lena. Till.
6. *Mother's Maiden Name,*	Mrs. Lena. Schamberger.
7. *Mother's Birthplace,*	Baltimore. Md.
8. *Full Name of Father,*	Mr. John. Till.
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore. Md.
Name of Medical Attendant, or other person who makes this Return.	Mrs. O'Hayer
Address,	927 Hollins st
Remarks,	

8 9 6 0 0 0 1 2 5 7

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 7311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 1 1896
4. *Place of Birth, (Street and Number)*	927 Linden Avenue
5. *Full Name of Mother,*	Maggie England Kithcart
6. *Mother's Maiden Name,*	Maggie Baltimore Md
7. *Mother's Birthplace,*	Wm England
8. *Full Name of Father,*	Agent
9. *Father's Occupation,*	Maryland
10. *Father's Birthplace,*	E. M Dodson
Name of Medical Attendant, or other Person who makes this Return	1408 Madison Ave
Address,	
Remarks,	

place of its birth, and the said Sheriff shall pay over the same to the Board of Health. In case the certificate, between the first and third day of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth and death, in the manner, and within the period above required, except in the cases of the births and deaths of illegitimate children, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

8960001258

CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 73118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate received, to the said third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	March 3rd 1896
4. *Place of Birth, (Street and Number)*	816 Huntingdon Ave.
5. *Full Name of Mother,*	Elizabeth Miller
6. *Mother's Maiden Name,*	" Kendrick
7. *Mother's Birthplace,*	Penn
8. *Full Name of Father,*	G. Thos Miller
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return.	Wm H. Fe Newman
Address,	107 Chestnut Ave.
Remarks,	

8960001259

J. B. MULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 73119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 te
1. Sex, (state whether male or female)	male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	3 Feb March 96
4. Place of Birth, (Street and Number)	2104 W. Pratt St.
5. Full Name of Mother,	Friederike Valentin
6. Mother's Maiden Name,	Friederike Keuly
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Friedrich Valentin
9. Father's Occupation	Holzteter
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return.	Friederike Keuler midwife
Address,	2116 W Pratt St
Remarks,	

8960001260

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73/20

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the time required, and the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 26.
4. Place of Birth, (Street and Number) 10 mt Olivet St
5. Full Name of Mother, Agnes Chambers.
6. Mother's Maiden Name, Erichton
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank W. Chambers
9. Father's Occupation Motorman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, W B R. 227 Gilmore St

Address, 220 E. Chase St

Remarks,

8960001261

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73121

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 5. (9.50 P.M.) 1896
4. Place of Birth, (Street and Number) 132 Leadenhall Court.
5. Full Name of Mother, Elisabeta Catherina Appel.
6. Mother's Maiden Name, Günther.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Johann Heinrich Appel.
9. Father's Occupation Laborer.
10. Father's Birthplace, Fritzlar - Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kaune (for the Mariner Relief Society) 632 N. Fremont Ave.

Address,

Remarks,

8960001262

Wm. J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, the duty of the person above required, and hereafter it shall become the within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subany such person or persons who shall hereafter fail to comply with the jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	~~march the 5th~~ white
3. *Date of Birth,*	march the 5th 1895
4. *Place of Birth, (Street and Number)*	christian st No 202
5. *Full Name of Mother,*	magey wood
6. *Mother's Maiden Name,*	magey Stinberg
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles W wood
9. *Father's Occupation*	Shipping clerk
10. *Father's Birthplace,*	Ohio
Name of Medical Attendant, or other person who makes this Return,	mrs S Kelley
Address,	No 19.22 Wilkins ave
Remarks,	

1 8 9 6 U 0 0 1 2 6 3

Wm. J. C. Dulany Co., City Printers and Stationers

Sec. 1. Certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered at the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73123

GIVEN NAME ADDED 3-22-62

To the Office of ~~Registrar~~ of Vital Statistics, Board of Health, Baltimore City.

Name: Rosalie Cook

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) Octoroon

3. Date of Birth, March the 5th 1895

4. Place of Birth, (Street and Number) Calhoun St 1021

5. Full Name of Mother, Rosey E Cook

6. Mother's Maiden Name, Rosey E Lunay

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph H Cook

9. Father's Occupation Segar maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Sellers

Address, 1019 22 Watkins alley

Remarks,

8 9 6 0 0 0 1 2 6 4

Each certificate required to be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73124

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	5th of May. 96
4. *Place of Birth, (Street and Number)*	923. Schmallwood Pl.
5. *Full Name of Mother,*	Julia Freund
6. *Mother's Maiden Name,*	Julia Frang.
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Adam Freund
9. *Father's Occupation*	Brewer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Reuter Midwife
Address,	2116 W. Lynn St.
Remarks,	

8460001265

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73125

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 6 1898
4. *Place of Birth, (Street and Number)* 1121 E. Fayette St
5. *Full Name of Mother,* Massie Rosen
6. *Mother's Maiden Name,* Massie Elenson
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Hilla Rosen
9. *Father's Occupation* Musical
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finkelstein

Address, 27 S. Loyd St

Remarks,

8960001266

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3te
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	6te of March 96
4. *Place of Birth, (Street and Number)*	317 W. Lombard St.
5. *Full Name of Mother,*	Emma Dinsbier
6. *Mother's Maiden Name,*	Emma Eichner
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John Dinsbier
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Keules Midwife
Address,	216 W Pratt St
Remarks,	

8960001267

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 Chil
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	whit
3 *Date of Birth,*	6 mach
4. *Place of Birth, (Street and Number)*	Nº 334 South wooger st
5. *Full Name of Mother,*	Clara Beppe
6. *Mother's Maiden Name,*	Keek
7. *Mother's Birthplace,*	ohio
8. *Full Name of Father,*	Charls Beppe
9. *Father's Occupation,*	machinest at B & O Road
10. *Father's Birthplace,*	Baltimore Cauty
Name of Medical Attendant, or other person who makes this Return.	Nº 1313 west Baltimore st
Address,	Mary J Serman mid wife
Remarks,	very Litte Baby dont think it will live named Charls

8960001268

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 6th March 1890
4. Place of Birth, (Street and Number) 1447 Battery ave
5. Full Name of Mother, Elizabeth Crispen
6. Mother's Maiden Name, Stein
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Crispen
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Tyewell

Address, 436 E Fort Ave

Remarks,

8960001269

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 73129

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Mch 6th 1926
4. Place of Birth, (Street and Number)	230 Roland Ave
5. Full Name of Mother,	Florence Schaffer
6. Mother's Maiden Name,	" Martin
7. Mother's Birthplace,	Md.
8. Full Name of Father,	Peter Schaffer
9. Father's Occupation,	Laborer
10. Father's Birthplace,	Penn
Name of Medical Attendant, or other person who makes this Return.	Wm H Friedman
Address,	102 Chestnut Ave
Remarks,	

8960001270

and shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of the Commissioner of Health.

WM. G. SALMON & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 73130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 6. / 5.45 A. M.
4. Place of Birth, (Street and Number) 620. Wilkes Street.
5. Full Name of Mother, Anna Catherine Kahmer
6. Mother's Maiden Name, Brown.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Philip Louis Kahmer,
9. Father's Occupation Musician.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Wm. N. Kahmer

Address, 632. N. Fremont Ave.

Remarks,

8960001271

Said certificate shall be delivered, duly signed, to the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 6 March 1896
4. *Place of Birth, (Street and Number)* 114 E Randal St
5. *Full Name of Mother,* Henrietta Wells
6. *Mother's Maiden Name,* Wagner.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* James Wells
9. *Father's Occupation* Glass Blower.
10. *Father's Birthplace,* England.

Name of Medical Attendant, or other person who makes this Return, Mrs Minnick

Address, 800 Leadenhall Street

Remarks,

1896000127 2

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) First

1. Sex, (state whether ~~male or~~ female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, March 7th - 1896

4. Place of Birth, (Street and Number) 1734 Hartford ave

5. Full Name of Mother, Eleanora E. Sheller

6. Mother's Maiden Name, " " Adler

7. Mother's Birthplace, Baltimore City Md

8. Full Name of Father, Henry Sheller

9. Father's Occupation Silver Smith

10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return Mary A. Aldwell

Address, 1438 N. Bond st

Remarks,

8960001273

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1 te
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	7th of May 96
4. *Place of Birth, (Street and Number)*	301 Schmallwood St.
5. *Full Name of Mother,*	Mage Münzing
6. *Mother's Maiden Name,*	Mage Lang
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Carl Münzing
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	216 W Pratt St
Remarks,	

8960001274

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 8, 1896
4. Place of Birth, (Street and Number) 410 N. Hoffman St.
5. Full Name of Mother, May Lyman
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md.
8. Full Name of Father, Richard Hoes
9. Father's Occupation Travelling Salesman
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Louise Eaton M. D.
410 N. Hoffman St.

Address,

Remarks,

8 9 6 0 0 0 1 2 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

been collected, its sex, color, the date and place of birth, the full name of the mother in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 73135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 9. 1896
4. *Place of Birth, (Street and Number)* ~~11~~ 670 Bradley St.
5. *Full Name of Mother,* Mary Jones
6. *Mother's Maiden Name,* Mary Roy
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Amos Jones
9. *Father's Occupation,*
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return. Louise Eaton M. D.

Address, 1410 N. Hoffman St

Remarks,

8960001276

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 73136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 10th 1896
4. *Place of Birth, (Street and Number)* 235 Spring St
5. *Full Name of Mother,* Rosa Fat
6. *Mother's Maiden Name,* Rosa Gudelevitz
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Sam Fat
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rose Finestein

Address, 27 Lloyd St

Remarks,

8960001277

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 10. 2. A. M.
4. *Place of Birth, (Street and Number)* 408 Grindall Street.
5. *Full Name of Mother,* Annie Augusta Rowe.
6. *Mother's Maiden Name,* Wheeler
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Charles Wilson Rowe.
9. *Father's Occupation* Furniture Finisher
10. *Father's Birthplace,* New York. N. Y.

Name of Medical Attendant, or other person who makes this Return, Wm. M. Kaune / for the

Address, Mothers Relief Society / 832. N. Fremont Ave.

Remarks,

8960001278

the office of the Commissioner of Health. In case the birth of any child
every month to the office of a physician or practioner of midwifery, or should no other person be in
third day of each and every month of the person or parents of such
attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 10 1896
4. *Place of Birth, (Street and Number)* No. 1830 Hope Street
5. *Full Name of Mother,* Lilly Stein
6. *Mother's Maiden Name,* Lilly Seroggs.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Stein
9. *Father's Occupation* Clerk.
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Aug. R. Elwell M.D.

Address, 1241 Hanford ave

Remarks,

8960001279

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed as aforesaid, at the office of the Commissioner of Health. In case the birth of any child to the office of the Commissioner of Health, or should no other person be in of a physician or practioner of midwifery, or of the person or parents of such iately thereafter it shall become the duty of the person or parents of such attendance upon the mother, immediately after the birth of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each and every such offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 9

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10th March 1896
4. *Place of Birth, (Street and Number)* 419 Butler Alley
5. *Full Name of Mother,* Lena Lottau
6. *Mother's Maiden Name,* Lena Shadell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Bernhard August Lottau
9. *Father's Occupation* Shoe Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Mensch

Address, 800 Shadell Street

Remarks,

8960001280

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

...e form of a certificate between the first and
...said schedule shall be delivered, duly signed by the practitioner in the form
...er of Health. In case the birth of any child
...third day of each and every month to the office of the Commissioner of Health, in case the birth of any child
...shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 11/96
4. Place of Birth, (Street and Number) 2602 Bruce St.
5. Full Name of Mother, Mrs Frank Seabrease
6. Mother's Maiden Name, Louisa Wine
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Frank Seabrease
9. Father's Occupation Motorman
10. Father's Birthplace, Wyomico Co. Md.

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.

Address, 2505 Penna. Ave.

Remarks,

8960001281

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73141

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 11th
4. Place of Birth, (Street and Number) 1931 Harlem Ave
5. Full Name of Mother, Alice A Hurst
6. Mother's Maiden Name, " Waugh
7. Mother's Birthplace, Balto City
8. Full Name of Father, Arthur Hurst
9. Father's Occupation Book Keeper
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, John S. Huck

Address, 647 W Lafayette Ave

Remarks,

8960001282

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 12 1896
4. Place of Birth, (Street and Number) No 11 Palaskie St
5. Full Name of Mother, Vitia A Shackells
6. Mother's Maiden Name, Vitia A Stone
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Shackells
9. Father's Occupation Labourer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8960001283

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73143

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12th of March 96
4. Place of Birth, (Street and Number) 2112 Ramsay St
5. Full Name of Mother, Lela Müller
6. Mother's Maiden Name, Lela Lampler
7. Mother's Birthplace, Germany
8. Full Name of Father, Wilhelm Müller
9. Father's Occupation Painter
10. Father's Birthplace, Germany
Name of Medical Attendant, or other person who makes this Return, Friederike Kuhler midwife
Address, 2116 W. Fayette St
Remarks,

8960001284

Every birth occurring in this City shall be reported every day to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 12, 1896
4. Place of Birth, (Street and Number) 410 W. Hoffman St.
5. Full Name of Mother, Rosa Baum Baer
6. Mother's Maiden Name, Rosa Baum
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Baer
9. Father's Occupation Bond - Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Louise Eaton, M. D.

Address, 410 W. Hoffman St.

Remarks,

8 9 6 0 0 0 1 2 8 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 12 1896

4. Place of Birth, (Street and Number) 1508 Byrd st.

5. Full Name of Mother, Mary E. Smith

6. Mother's Maiden Name, J. V. Tucker

7. Mother's Birthplace, Carroll Co.

8. Full Name of Father, James A. Smith

9. Father's Occupation Laborer

10. Father's Birthplace, Green Spring Va. Md

Name of Medical Attendant, or other person who makes this Return, Robt C. Talbert M.D.

Address, 1758 Linwood Ave

Remarks,

8960001286

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Male, - Amos Warren Howser
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 12th
4. Place of Birth, (Street and Number) 1858 Columbia ave.
5. Full Name of Mother, Ella C. Howser.
6. Mother's Maiden Name, Swann
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Warren Howser
9. Father's Occupation, Driver Auto oil wagon
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Harold D. Randick M.D.

Address, 721 Columbia Ave.

Remarks, Full given name of child added by mother upon applying for a Transcript. Ella Howser W. W. E. Wehrs 2nd Asst. Clerk

8 9 6 6 0 0 9 2 4 2 8 7

April 27-1929

Mother

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, physician or practitioner of midwifery, or should no other person be in attendance upon the mother, incredibly thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, incredibly thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in charge of the case, to a certificate to the effect that he has personally visited the house and seen the child, within the first third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 12th.
4. *Place of Birth, (Street and Number)* 38 W Preston St.
5. *Full Name of Mother,* Ella Mannion
6. *Mother's Maiden Name,* Ella —
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Mannion
9. *Father's Occupation* none
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Dr Keown M.D

Address, Md General Hospital

Remarks,

8 4 6 U 0 0 1 2 8 8

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Lewis Winfield Schroeder Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 12 96.
4. Place of Birth, (Street and Number) 1539 Eyson St
5. Full Name of Mother, Hattie D. Schroeder
6. Mother's Maiden Name, Price
7. Mother's Birthplace, Oxford Md.
8. Full Name of Father, Lewis H. Schroeder
9. Father's Occupation Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, W Berry Yuse

Address, 700 E. Lanvale St

Remarks,

8960001289

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 12. 6 h. 30. P. M.
4. *Place of Birth, (Street and Number)* 1445 Sumwalter Court E. Balto.
5. *Full Name of Mother,* Margaretha Kirchhorn,
6. *Mother's Maiden Name,* Miller.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Wilhelm Andreas Kirchhorn
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. B. Hamm for the

Address, Mothers Relief Society) 632 N. Fremont Ave.

Remarks,

8960001290

Said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become and be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 12th 96
4. *Place of Birth, (Street and Number)* 931 Lindenhall St
5. *Full Name of Mother,* Maude Mitte
6. *Mother's Maiden Name,* Maude Orrie
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Andrew Parker
9. *Father's Occupation* Oyster Packer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Geo H Hammond Balto Md

Address, 1034 Lindenhall St

Remarks,

8960001291

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in attendance, to the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 2/96
4. Place of Birth, (Street and Number) Green Spring Av & Mt Olivet Land
5. Full Name of Mother, Mary E ~~Spencer~~ Lee
6. Mother's Maiden Name, Mary E. Spencer
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm H Lee
9. Father's Occupation Trainer
10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other person who makes this Return, A C Pole

Address, 2038 Madison Av

Remarks,

8960001292

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 3rd 96
4. Place of Birth, (Street and Number) 108 N. Port st
5. Full Name of Mother, Augusta Sandar
6. Mother's Maiden Name, ~~Dot~~ Voigt
7. Mother's Birthplace, Germany
8. Full Name of Father, Adolfus Sandar
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, S. T. Rorden

Address, 1904 E Fayette st

Remarks,

8960001293

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 73153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, March 4/96
4. Place of Birth, (Street and Number) 1128 Division St.
5. Full Name of Mother, Nellie Jones
6. Mother's Maiden Name,
7. Mother's Birthplace, Essex Co Va
8. Full Name of Father, Lucius Jones
9. Father's Occupation Servant
10. Father's Birthplace, North Umberland Co Va

Name of Medical Attendant, or other person who makes this Return, Morris C. Peters M.D.

Address, 1344 North Hill Ave

Remarks,

1896000001294

Said Return shall be delivered to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73154

CERTIFICATE CORRECTED 3-23-39

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John ~~Henry~~ Schneider

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar 6 1896
4. Place of Birth, (Street and Number) 407 Glenn Edwards Ave
5. Full Name of Mother, Margaret M (~~Snider~~) Schneider
6. Mother's Maiden Name, " " Smallwood
7. Mother's Birthplace, Baltimore Co Md
8. Full Name of Father, Francis J. (~~Snider~~) Schneider
9. Father's Occupation Iron Moulder
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, R. L. Rankin M.D.

Address, 811 Jefferson Ave Waverly

Remarks, Baltimore

8960001295

said scheme shall be duly registered in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-20-60

RETURN OF A BIRTH.

3155

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Maude Harris 1st Grigsby

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 9/96
4. Place of Birth, (Street and Number) 2033 N Calvert St
5. Full Name of Mother, Maud Grigsby
6. Mother's Maiden Name, Maud Harris
7. Mother's Birthplace, Virginia
8. Full Name of Father, Hugh J. Grigsby
9. Father's Occupation Machinist
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, A C Pole

Address, 2038 Madison Av

Remarks,

8 9 8 0 0 0 1 2 9 6

said schedule shall be delivered, duly signed by the practitioner in charge of the case, to the Registrar of Vital Statistics, Board of Health, Baltimore City. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 11th 1896
4. Place of Birth, (Street and Number) 19 S. Carey St
5. Full Name of Mother, Delia A. Greene
6. Mother's Maiden Name, " " Burke
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Bernard F. Greene
9. Father's Occupation Clerk
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Dr. E. Wunder M.D.

Address, 1075 W. Fayette St.

Remarks, L. O. F. A.

8960001297

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W Lite
3. *Date of Birth,* Mar. 12 - 1896
4. *Place of Birth, (Street and Number)* 118 Windermere Ave Annex
5. *Full Name of Mother,* Virginia M Flitten
6. *Mother's Maiden Name,* " " Holtz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles F. Flitten
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M D

Address, 811 Jefferson Ave Waverly Baltimore

Remarks,

8960001298

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	two 2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	12 of March 1896
4. *Place of Birth, (Street and Number)*	Baltimore Md Scott St no 1127
5. *Full Name of Mother,*	Virginia E Eberhard
6. *Mother's Maiden Name,*	Virginia Tomson
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Joseph Eberhard
9. *Father's Occupation*	Glass blower
10. *Father's Birthplace,*	Philadelphia PA
Name of Medical Attendant, or other person who makes this Return,	Mary Hertzler
Address,	Hamburg St
Remarks,	

8960001299

Wm. J. C. Dulany Co., City Printers and Stationers.

...ner of Health. In case the birth of any child ...the office of the Commissioner of Health, within the first week, month to a physician or practicer of midwifery, or should no other person be in ...midwifery, or person or parents of such ...of the period above required, and ...me the duty within the period above required, shall be sub- ...ner and within this section shall be recoverable. ...the provisions of this section are recoverable. ...d as other fines and forfeitures are recovered.

...third day of each and every month to the office of the Commissioner of Health, ...shall occur without the attendance of a physician or practicer of midwifery, ...attendance upon the birth to the Commissioner of Health, comply with the ...child to report its birth to the Commissioner shall hereafter fail to ...any such person or persons who shall hereafter fail to comply with the ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White.
3. Date of Birth, ~~804 Columbia Ave~~ March 13-96
4. Place of Birth, (Street and Number) 804 Columbia ave
5. Full Name of Mother, Julu Moog
6. Mother's Maiden Name, ~~Julu Gough~~
7. Mother's Birthplace, Balto. City.
8. Full Name of Father, Herman Moog
9. Father's Occupation, Coach builder
10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other person who makes this Return, Barton Frew M.D

Address, 315 N Paca st

Remarks,

1896000 1300

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 73160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st "

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 13. 1896
4. Place of Birth, (Street and Number) 410 N. Hoffman St
5. Full Name of Mother, Laura White
6. Mother's Maiden Name, Laura White
7. Mother's Birthplace, Pa.
8. Full Name of Father, Harry Brown
9. Father's Occupation,
10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return. Louise Eaton, M.D.

Address, 410 N. Hoffman St

Remarks, Maternite Woman's Med. Coll.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

8760001301

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 73161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 22nd 1896
4. Place of Birth, (Street and Number) No. 5 Hinson St
5. Full Name of Mother, Caroline Foelle
6. Mother's Maiden Name, Caroline Hartung
7. Mother's Birthplace, Germany
8. Full Name of Father, Fredrick Foelle
9. Father's Occupation Black-smith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8960001302

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 43162

GIVEN NAME ADDED 9/7/64

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George Alan Schenfele

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 14th 1896
4. Place of Birth, (Street and Number) No. 1908 Wilkens Ave
5. Full Name of Mother, Sadie Schenfele
6. Mother's Maiden Name, Sadie Callham
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Schenfele
9. Father's Occupation Printer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8960001303

Wm. C. Dulany Co., City Printers and Stationers.

and scrutiny shall be delivered, duly signed by the practitioner, on the form of a certificate to be given the mother, in case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	14th of March 96
4. *Place of Birth, (Street and Number)*	333 Bentalou
5. *Full Name of Mother,*	Karoline Gaudner
6. *Mother's Maiden Name,*	Karoline Dietmann
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Friedrich Gaudner
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Hauler Midwife
Address,	211 N Pratt St
Remarks,	

8960001304

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Raymond C Holland Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 11 96
4. Place of Birth, (Street and Number) 711 So Bond St.
5. Full Name of Mother, Elsie May Holland.
6. Mother's Maiden Name, Cooksey
7. Mother's Birthplace, Anne Arundel Co Md
8. Full Name of Father, Chas C. Holland
9. Father's Occupation Motorman
10. Father's Birthplace, Harford Co Md

Name of Medical Attendant, or other person who makes this Return. W B Peterson

Address, 700 E Chase St.

Remarks.

84600001305

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	14th of May 36
4. *Place of Birth, (Street and Number)*	1934 Lemon St
5. *Full Name of Mother,*	Anna Dietz
6. *Mother's Maiden Name,*	Anna Jonson
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Henry Dietz
9. *Father's Occupation*	Baker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Tricederike Keutz-Midwife
Address,	216 W. Pratt St.
Remarks,	

8 9 6 0 0 0 1 3 0 6

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th "
1. Sex, (~~state whether male or~~ female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 14th 1896
4. Place of Birth, (Street and Number)	1800 N. Broadway
5. Full Name of Mother,	Mary E. Schwitzer
6. Mother's Maiden Name,	" E. Gill
7. Mother's Birthplace,	Baltimor City Md
8. Full Name of Father,	Charles H. Schwitzer
9. Father's Occupation	Collector
10. Father's Birthplace,	Baltimor City Md
Name of Medical Attendant, or other person who makes this Return,	Mary A. Allwell
Address,	1438 N. Bond St
Remarks,	

8960001307

third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance of a physician or practioner of midwifery, or should no other person or parents of such shall occur without the attendance of a physician or practioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 14. (1. 10. A. M.)
4. Place of Birth, (Street and Number) 620 N. Eutaw Street.
5. Full Name of Mother, Minnie Snell,
6. Mother's Maiden Name, Mc Carthy.
7. Mother's Birthplace, Limrick near Dublin - Ireland
8. Full Name of Father, Samuel Ranchi Snell,
9. Father's Occupation Cook
10. Father's Birthplace, British Cayenne - South America.

Name of Medical Attendant, or other person who makes this Return, Wm. M. Kanne for the Mothers Relief Society

Address, 632. N. Fremont Ave.,

Remarks,

8960000 1308

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. And in case the birth shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Mar 14th 1896

4. *Place of Birth, (Street and Number)* 295 S. Regester st

5. *Full Name of Mother,* Emma Murry

6. *Mother's Maiden Name,* Florence Funk

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Steven Murry

9. *Father's Occupation* Paper Hanger.

10. *Father's Birthplace,* Accomacke Co.

Name of Medical Attendant, or other person who makes this Return, Mr Perry

Address, 2225 E Bank st, City

Remarks,

8960001309

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar 10th 1896
4. Place of Birth, (Street and Number) 411 Eastern ave. Highlandtown
5. Full Name of Mother, Mary E Austein
6. Mother's Maiden Name, Mary Schlacks
7. Mother's Birthplace, Germany
8. Full Name of Father, Frederick A Austein
9. Father's Occupation Laborer.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs M. E. Pengay.

Address, 2225 E Baltimore City.

Remarks,

8960001310

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth Son

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 15 th 1866

4. *Place of Birth, (Street and Number)* 157 N. Argyle Avenue

5. *Full Name of Mother,* Rosie Cassell

6. *Mother's Maiden Name,* Rosie Arnander

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Chas H. Cassell

9. *Father's Occupation* Painter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs A Ingersoll

Address, 559 Bloom St

Remarks,

8960001311

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 15 1896
4. Place of Birth, (Street and Number) 318 S. Sharp St
5. Full Name of Mother, Silly Gutstein
6. Mother's Maiden Name, Silly Isaacson
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Gutstein
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Fineburg

Address, 97 Lloyd St.

Remarks,

8960001312

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* White
2. *Race or Color, (if not of the white race)* Female
3. *Date of Birth,* March 15 1896
4. *Place of Birth, (Street and Number)* 1014 E Lombard St
5. *Full Name of Mother,* Minnie Cohen
6. *Mother's Maiden Name,* Minnie Baker
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Isaac Cohen
9. *Father's Occupation* Sigar-maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finselberg

Address, 27 Lloyd St.

Remarks,

8960001313

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 93173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st A
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 13 96
4. Place of Birth, (Street and Number) 20 E. Eager st
5. Full Name of Mother, Kate Hoyer
6. Mother's Maiden Name, Kate Hook
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John F. Hoyer
9. Father's Occupation Cotton Cooper
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Jno. Lee Lauer
Address, 159 Stafford Ave
Remarks, Bal. Md
1896

said scheme shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960001314

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 4/3174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

6th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 15/96
4. Place of Birth, (Street and Number) Maryland Genl Hosp.
5. Full Name of Mother, Bertha Owens
6. Mother's Maiden Name, Bertha Johnson
7. Mother's Birthplace, Balto
8. Full Name of Father, John Owens
9. Father's Occupation none
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Dr Keown Md

Address, Maryland Genl Hospital

Remarks,

8960001315

Wm. J. C. Dulany Co., City Printers and Stationers

Every birth must be reported every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 15th 1896

4. Place of Birth, (Street and Number) 921 Hollins St.

5. Full Name of Mother, Mary Teresa Fitzimmons

6. Mother's Maiden Name, Mary "B" Graham

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Michael Fitzimmons

9. Father's Occupation Baker

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Jos. B. Winder

Address, 1075 W. Fayette St.

Remarks, L. O. F. a

8960001316

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth occurring within the limits of Baltimore City shall be reported to the Registrar of Vital Statistics within ten days after such birth, by the physician or practitioner in attendance upon the mother, or in case there shall be no physician or practitioner in attendance upon the mother, then by the nurse or midwife, or in case there shall be no nurse or midwife in attendance, then by the father of such child, or in case the father shall be dead or absent from the city, then by the mother, or in case the mother shall be dead or absent from the city, then by the householder or owner of the premises where such birth occurs, or by the agent of such householder or owner, or in case such birth occurs in a hospital, asylum, or other institution, then by the superintendent or other officer thereof; and in case there shall be no person in attendance upon the mother at the birth of her child, or in case the person in attendance shall be unable to make such report, then it shall be the duty of each and every person within the city of Baltimore having knowledge of such birth, to report the same as herein required; and in case there shall be a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 15. (1.50. A. M.)
4. Place of Birth, (Street and Number) 739 Grindall Street.
5. Full Name of Mother, Alice Mary Hirschbrun,
6. Mother's Maiden Name, Johnson.
7. Mother's Birthplace, Philadelphia.
8. Full Name of Father, Walther Hirschbrun,
9. Father's Occupation Painter.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kaund (for the

Address, Mothers Relief Society) 632 N. Eutaw St.

Remarks,

8960001317

third day of each and every month to the office of the Registrar, or should no other person be in shall occur without the attendance of a physician or practicioner of midwifery, the duty of the person or parents of such shall become immediately thereafter it shall become the duty of the person or parents of such attendance upon the mother, immediately of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 15 1896
4. Place of Birth, (Street and Number) 126 Montebello Ave. Annex
5. Full Name of Mother, Matilda A Dearbeck
6. Mother's Maiden Name, " " Stange
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George W. Dearbeck
9. Father's Occupation (Car Conductor
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, R L Rankin M D

Address, 811 Jefferson Ave Waverly Baltimore

Remarks,

8960001318

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth shall be reported at the office of the Commissioner of Health. In case the birth of any child shall occur without the limits of the city, the return shall be made to the office of the Commissioner of Health, within the first week in each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 16th 1896
4. Place of Birth, (Street and Number) 313 S. Ann st.
5. Full Name of Mother, Mary Barron
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Barron
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Bernstein

Address, 122 S. Exeter st.

Remarks,

8960001319

Wm. J. C. Dulany Co., City Printers and Stationers.

The Sanitary Code requires that a Return of every birth shall be made to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Theresa Anna Mary Born

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 6, 1896
4. Place of Birth, (Street and Number) 600 First St.
5. Full Name of Mother, Mary Born
6. Mother's Maiden Name, Mary Kent
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles Born
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. L. Travers

Address, 825 Canton Ave.

Remarks,

GIVEN NAME ADDED 7-7-54 M

8960001320

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Monday 16 March 1896
4. *Place of Birth, (Street and Number)* No. 1815 Hanover St Balto
5. *Full Name of Mother,* Martha Adrion
6. *Mother's Maiden Name,* Martha Mitz
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* John Adrion
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germania

Name of Medical Attendant, or other person who makes this Return, Mrs Münch

Address, 800 Eadenhall Street

Remarks,

1896000 1321

third day of each and every month to the office of the Commissioner of Health. In case the child of any such shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 16. (10.45 A. M.)
4. Place of Birth, (Street and Number) 1806 Dover Street.
5. Full Name of Mother, Carey Watson Howard.
6. Mother's Maiden Name, Teal.
7. Mother's Birthplace, Philadelphia.
8. Full Name of Father, Robert Leonard Howard (D. Oct. 21. 95.)
9. Father's Occupation Laborer.
10. Father's Birthplace, Richmond, Va.

Name of Medical Attendant, or other person who makes this Return, Wm. M. Kanne for the

Address, Mothers Relief Society 632 N. Fremont Ave.

Remarks,

8460001322

Wm. J. C. Dulany Co., City Printers and Stationers.

duty of each and every midwife, or other person who shall render assistance to any woman in labor, and in the absence of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73182

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 16. (3.30. P. M.)
4. Place of Birth, (Street and Number) 1253 Eliguton Ave.
5. Full Name of Mother, Hannie Agnes Klappenburger
6. Mother's Maiden Name, Farrow
7. Mother's Birthplace, Alexandria - Va.
8. Full Name of Father, Fatamer Max Klappenburger.
9. Father's Occupation Laborer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Hamm (for the

Address, Mothers Relief Society) 632. N. Fremont Ave.

Remarks,

8960001323

third day of each and every month to the office of the Commissioner of Health. It shall be the duty of the [illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the another, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73183

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 16th 1896
4. Place of Birth, (Street and Number) 408 Ogden St
5. Full Name of Mother, Henrietta Edwards Carroll
6. Mother's Maiden Name, Henrietta Edwards
7. Mother's Birthplace, Md.
8. Full Name of Father, Alexander Carroll
9. Father's Occupation Sailor
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Dr Known Balto Md

Address, Jud Gen Hospital

Remarks,

1 8 9 6 0 0 0 1 3 2 4

Wm. J. C. Dulany Co., City Printers and Stationers

Every midwife shall report to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 73184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 913 March 16/96
4. Place of Birth, (Street and Number) Luman St
5. Full Name of Mother, Lizzie Hackman
6. Mother's Maiden Name, Wysterberger
7. Mother's Birthplace, Germany
8. Full Name of Father, John Hackman
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. C Mayer

Address, 924 Hollins St

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

8960001325

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 73185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 16th 1896
4. Place of Birth, (Street and Number) 617 N. Chapel Street
5. Full Name of Mother, Magdalene Halter
6. Mother's Maiden Name, Hirtz
7. Mother's Birthplace, Germany
8. Full Name of Father, Leo Halter
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. H Kyan Midwife

Address, 1922 E Fayette Street

Remarks,

8960001325

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 16 / 1896
4. *Place of Birth, (Street and Number)* #648 Portland St
5. *Full Name of Mother,* Johannah Louise Krenzer
6. *Mother's Maiden Name,* Johannah Louise Einolf-
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* Frederick Franklin Krenzer
9. *Father's Occupation* Tin & Sheet Iron Worker
10. *Father's Birthplace,* Richmond Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs Mirdak

Address, 800 Leadenhall Street

Remarks,

8960001327

Wm. J. C. Dulany Co., City Printers and Stationers.

...day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ond

1. *Sex, (state whether male or female),* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Mar 16th 1896.
4. *Place of Birth, (Street and Number)* 2204 Eastern Ave.
5. *Full Name of Mother,* Blanche V. Shay.
6. *Mother's Maiden Name,* Blanche V. Newkirk.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* William H. Shay.
9. *Father's Occupation* Painter.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs M E Peacey.

Address, 2225 E Pank st City.

Remarks,

8960001328

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. It shall be the duty of any [illegible] shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-24-60

RETURN OF A BIRTH. 73188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Clement Henry

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	17th of May 46
4. Place of Birth, (Street and Number)	975 Presstman Ave
5. Full Name of Mother,	Ella Schäfer
6. Mother's Maiden Name,	Ella A Yeigher
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Frank L. Schäfer
9. Father's Occupation	Marble Works
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	Friedrike Keuter Midwife
Address,	246 N Pratt St.
Remarks,	

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001329

RETURN OF A BIRTH. 73189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* March 17 1896
4. *Place of Birth, (Street and Number)* 2815 O Donnell
5. *Full Name of Mother,* Mary Crane
6. *Mother's Maiden Name,* Mary Tully
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Albert Crane
9. *Father's Occupation,* Mariner
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Anna Kubach Midwife

Address, 2638 Elliott

Remarks,

8760001330

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~Dec~~ Mar. 17 1896
4. Place of Birth, (Street and Number) 307. N. St. Amnet
5. Full Name of Mother, Mary E. McNichal
6. Mother's Maiden Name, " " Kenton
7. Mother's Birthplace, Kent Co Md
8. Full Name of Father, Edwin A McNichal
9. Father's Occupation House Painter
10. Father's Birthplace, Newyersy

Name of Medical Attendant, or other person who makes this Return. R L Ruskin M D

Address, 911 Jefferson Ave Waverly Baltimore

Remarks,

1896 0001331

8960001331

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 17th 1896
4. Place of Birth, (Street and Number) 2403 E Fairmount Ave
5. Full Name of Mother, Anna Hallenweier
6. Mother's Maiden Name, Augenstein
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John A Hallenweier
9. Father's Occupation Agent
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, H Kroger Midwife

Address, 1922 E Fayette Street

Remarks,

1896000001332

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health, ... shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 17 96.
4. *Place of Birth, (Street and Number)* 104 S. Eutaw St.
5. *Full Name of Mother,* Magdalene Rimkewicze
6. *Mother's Maiden Name,* Magdalene Mazailcas
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* George Rimkewicze
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Johannah V. Gelvis

Address, 1928½ W. Pratt street.

Remarks,

8960001333

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 March
4. *Place of Birth, (Street and Number)* 708 Rose St.
5. *Full Name of Mother,* Marie Linhart
6. *Mother's Maiden Name,* Fuka
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Franke Linhart
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return,

Address, S. Bond Str. 838

Remarks, Mary Brett.

8960001334

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Eleanor Sewell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar 17th 1896
4. *Place of Birth, (Street and Number)* 1928 Canton Ave
5. *Full Name of Mother,* Catherine Sewell
6. *Mother's Maiden Name,* Catherine Cosgrove
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William H. C. Sewell
9. *Father's Occupation* Ship Joiner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary E. Cleary

Address, 2225 E. Baltimore st City

Remarks,

1896 00 01335

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, March 18/96.

4. Place of Birth, (Street and Number) 1420 Mount pl.

5. Full Name of Mother, Annie M. Stauffer

6. Mother's Maiden Name, Brown

7. Mother's Birthplace, Balto.

8. Full Name of Father, Jno. W. Stauffer

9. Father's Occupation Moulder.

10. Father's Birthplace, Altoona Pa.

Name of Medical Attendant, or other person who makes this Return, J. H. Christian M.D.

Address, 1801 Madison Ave.

Remarks,

8 9 6 0 0 0 1 3 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* March 18, 1896.
4. *Place of Birth, (Street and Number)* No. 1637 Pattison Park ave
5. *Full Name of Mother,* Mary Dempsey
6. *Mother's Maiden Name,* Mary Kain
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Dempsey
9. *Father's Occupation* Policeman.
10. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other person who makes this Return, Aug. A. Gleuel M.D.

Address, 1741 Hartford ave

Remarks,

8960001337

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 507 Campell Street near Columbia Ave.
4. Place of Birth, (Street and Number) March 18. 1909. 5. M.
5. Full Name of Mother, Zola Rebecca Myers,
6. Mother's Maiden Name, Myers.
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Charles Robert Myers,
9. Father's Occupation Brushmaker,
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Wm. M. Kanus / for the

Address, Northern Relief Society / 632 N. Fremont Ave.

Remarks,

8960001338

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Born 12th March 1896.
4. Place of Birth, (Street and Number) Duncan Alley 1213
5. Full Name of Mother, Ida Keil
6. Mother's Maiden Name, Ida Ader.
7. Mother's Birthplace, Germany.
8. Full Name of Father, August Keil
9. Father's Occupation Machinist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Elias

Address, 1125 Hopkins Ave.

Remarks,

8960001339

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 19th 1896
4. Place of Birth, (Street and Number) 1307 Rockburn St
5. Full Name of Mother, Grace L Mullin
6. Mother's Maiden Name, Neese Goate
7. Mother's Birthplace, Balto
8. Full Name of Father, Grace L Mullin
9. Father's Occupation Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm A Mussendine

Address, 657 Bloom St

Remarks,

1896000001340

Every case of birth shall be reported by the physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* March 19 1896.
4. *Place of Birth, (Street and Number)* No. 1803 Eager street
5. *Full Name of Mother,* Bertha Pace.
6. *Mother's Maiden Name,* Bertha Brandt.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Oscar Pace.
9. *Father's Occupation* Hatter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Eug. A. Elwell M.D.

Address, 1741 Harford ave

Remarks,

8960001341

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73201

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st "

1. Sex, (state whether male or female) White
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar 19
4. Place of Birth, (Street and Number) 11 E ~~Pratt~~ Pulaski St
5. Full Name of Mother, Mrs Bertie Stuckey Davis
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto
8. Full Name of Father, Albert E Davis
9. Father's Occupation Conductor Elect Car
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. E. E. Cullinglin
Cousin Byname

Address,

Remarks,

8960001342

Wm. J. C. Dulany Co., City Printers and Stationers.

Every case of birth occurring in the City of Baltimore shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, by the physician or practitioner of midwifery, or should no other person be in attendance of a physician or practitioner of midwifery, or should no other person be in attendance the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 7-15-54

RETURN OF A BIRTH. 73202

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Benjamin Wolf

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 19th March 1896
4. Place of Birth, (Street and Number) 841 E. Lombard st.
5. Full Name of Mother, Hodie Wolf
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Raphel Wolf
9. Father's Occupation, Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks.

8760001343

third day of each and every month to the office of the Commissioner of Health. And no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 4-17-59

RETURN OF A BIRTH, 73203

To the Offie of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Charles Joseph Crafton 6th.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* March 19 1876
4. *Place of Birth, (Street and Number)* 627 Mowington Place
5. *Full Name of Mother* Mary Crafton
6. *Mother's Maiden Name* " Mannu
7. *Mother's Birthplace* City
8. *Full Name of Father* Elzy Crafton
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. C.M. Lewis MD

Address 1213 Pall av

Remarks

8 2 6 0 0 0 1 3 4 4

Whereas, stating distinctly the date of birth, sex, and color of the child, and the full name, nativity, and residence of the parents, and the maiden condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 73204

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 20. (7.30 A.M.)
4. Place of Birth, (Street and Number) 920 William Street
5. Full Name of Mother, Hatty Emilie Willis
6. Mother's Maiden Name, Morgan.
7. Mother's Birthplace, Norfolk.
8. Full Name of Father, Joseph Millard Willis
9. Father's Occupation Engineer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. N. Kaune (for the Mothers Relief Society) 632 N. Fremont Ave.

Address,

Remarks,

8960001345

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner, or should no other person be in attendance of a physician or practicuer of midwifery, shall occur without the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, March 20 1896

4. Place of Birth, (Street and Number) 316 Gail Ave.

5. Full Name of Mother, Rose Brady

6. Mother's Maiden Name, Rose O'Dodd

7. Mother's Birthplace, Balto.

8. Full Name of Father, John Brown

9. Father's Occupation Laborer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. [illegible]

Address, 624 Canton St.

Remarks,

8960001346

Wm. J. C. Dulany Co., City Printers and Stationers

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th a
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 20 of March 1896
4. Place of Birth, (Street and Number) No 102 Central Ave
5. Full Name of Mother, Mary Herbert
6. Mother's Maiden Name, Mary Gassman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Herbert
9. Father's Occupation Farmer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Lewis
Address, No 1954 Harford Ave
Remarks, Bal. Md
1896

8960001347

said Schedule shall be delivered, by the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) white

3. Date of Birth, March 20, 1896

4. Place of Birth, (Street and Number) 724 Bismuth St.

5. Full Name of Mother, Margaret Cox

6. Mother's Maiden Name, Margaret Heuser

7. Mother's Birthplace, Balto.

8. Full Name of Father, John Cox

9. Father's Occupation Coal-trimmer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Jno. L. Swayne

Address, 824 Canton Ave

Remarks,

8960001348

Third day of each and every month to the office of the Commissioner of Health, or to such other person as the Board may designate, a certificate of each birth which shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 20 th 1896
4. *Place of Birth, (Street and Number)* 1018 S Shot of Balto
5. *Full Name of Mother,* Mrs Anna Schlipper
6. *Mother's Maiden Name,* Bopp Meister
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Schlipper
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Minah

Address, 800 Leadenhall Street

Remarks,

8960001349

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 20th
4. Place of Birth, (Street and Number) 530 W. Cross St.
5. Full Name of Mother, Mrs. Irene Hartlaner
6. Mother's Maiden Name, Miss Irene McLaughlin
7. Mother's Birthplace, New Jersey
8. Full Name of Father, Walter C. Hartlaner
9. Father's Occupation, Fruit Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Mönch

Address, 800 Leadenhall Street

Remarks,

8960001350

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1st

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) "

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 20
4. Place of Birth, (Street and Number) 341 S Stricker St.
5. Full Name of Mother, Mrs Mary Flynn Dunn
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md
8. Full Name of Father, Benjamin H Dunn
9. Father's Occupation R.R.
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, E. E. Ellinetz

Address, Union Sq

Remarks, Eclampsia

8960001351

Wm. J. C. Dulany Co., City Printers and Stationers.

Blank not to be used unless sent to the physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 fourth

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 20 of March 1896
4. Place of Birth, (Street and Number) 125 N. Exeter St
5. Full Name of Mother, Jane Lazarowitz
6. Mother's Maiden Name, Abramowitz
7. Mother's Birthplace, Russia Korne
8. Full Name of Father, Beef Lazarowitz
9. Father's Occupation, Peddler
10. Father's Birthplace, Russia Korne

Name of Medical Attendant, or other person who makes this Return, H. Flinder M.D.

Address, 142 N. Front St

Remarks,

8460001352

Wm J C. Dulany Co., City Printers and Stationers.

Immediately upon the birth of any child hereafter born in the City of Baltimore, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73212

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 21st 96
4. Place of Birth, (Street and Number) 1327 N. Lanvale St
5. Full Name of Mother, Gertie Hanley
6. Mother's Maiden Name, Gertie Purdy
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, Wm. Hanley
9. Father's Occupation Artist
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 1034 Eutaw Place

Remarks,

8960001353

Shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st "

1. Sex, (state whether male or female) Male White
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 24
4. Place of Birth, (Street and Number) 121 E Payson St
5. Full Name of Mother, Mrs Cassie Payne Shaw
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md
8. Full Name of Father, Wm Shaw
9. Father's Occupation Brick Maker
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, E. S. Ullman

Address, Lemmon Ap

Remarks, Postmaster

8960001354

Wm. J. C. Dulany Co., City Printers and Stationers.

Every case of birth shall require the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73214

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner or midwife, to whom he shall report in person the facts of such birth, immediately thereafter. It shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 21st 97
4. *Place of Birth, (Street and Number)*	B 1721 Lemmon
5. *Full Name of Mother,*	Mary E morgan
6. *Mother's Maiden Name,*	Burns
7. *Mother's Birthplace,*	Baltimore County Md
8. *Full Name of Father,*	John F morgan
9. *Father's Occupation,*	Silver Plater
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	M P Lemmon mid wife
Address,	B 1313 West Baltimore St
Remarks,	not a very strong Child not named

8960001355

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73215

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1.
1. *Sex*, (state whether male or female)	male
2. *Race or Color*, (if not of the white race)	White
3. *Date of Birth*,	21st of May 96
4. *Place of Birth*, (Street and Number)	2021 Christian St.
5. *Full Name of Mother*,	Bessie Bermann Pole
6. *Mother's Maiden Name*,	Bessie Isac Pole
7. *Mother's Birthplace*,	Md Germany
8. *Full Name of Father*,	Taylor Pole
9. *Father's Occupation*	Pole
10. *Father's Birthplace*,	
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 W Pratt St.
Remarks,	

18960001356

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 5th 1896

4. Place of Birth, (Street and Number) 426 N. Central ave

5. Full Name of Mother, Mary Wayne

6. Mother's Maiden Name, Gavilla

7. Mother's Birthplace, Germany

8. Full Name of Father, Louis Wayne

9. Father's Occupation Merchandise Peddler

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Francis W. Sandoval

Address, 439 N. Central ave

Remarks,

8960001357

Wm. J. C. Dulany Co., City Printers and Stationers.

Said Returns shall be made every month to the office of the Commissioner of Health, and should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th "
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Negro
3. *Date of Birth,*	March 22nd " 1896
4. *Place of Birth, (Street and Number)*	928 Little Pine Street
5. *Full Name of Mother,*	Amelia Grooms
6. *Mother's Maiden Name,*	Amelia Brown.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John W. Grooms
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Morley B. Lewis
Address,	706 Edmondson Ave.
Remarks,	

third day of each and every month to the office of the Commissioner of Health. If no birth shall occur in any month, or should no other person be in attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960001358

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 52

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 22nd 1896
4. Place of Birth, (Street and Number) 113 N. Gaunty
5. Full Name of Mother, Mary A. Scheeran
6. Mother's Maiden Name, " " Collins
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Wm. C. Scheeran
9. Father's Occupation Davy
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Jos. B. Wunder

Address, 1075 W. Fayette St

Remarks, L. O. L. A.

8960001359

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 73-319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), white
3. Date of Birth, March 22nd
4. Place of Birth (Street and Number), 709 N Eden St
5. Full Name of Mother, Minnette Busick
6. Mother's Maiden Name, Minnette Shipley
7. Mother's Birthplace, Balto
8. Full Name of Father, Robert H Busick
9. Father's Occupation, Police officer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mary E Price

Address, 1630 Oakland ave

Remarks, Local Reg Child

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers

8960001360

RETURN OF A BIRTH. 73220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	March 22 96
4. *Place of Birth, (Street and Number)*	253 N Bruerst
5. *Full Name of Mother,*	Roberta Calvert
6. *Mother's Maiden Name,*	Roberta Williams
7. *Mother's Birthplace,*	Washington D C
8. *Full Name of Father,*	Andrew Brooks
9. *Father's Occupation*	agent
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	G. W. Stateman M.D.
Address,	1634 N. Fayette St.
Remarks,	Lived only 9/6 days Premature Birth

Every Physician, Midwife or other person who shall attend upon any case of birth, shall make return thereof to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Wht.
3. Date of Birth, Mch. 27/96
4. Place of Birth, (Street and Number) 2505 Mary St.
5. Full Name of Mother, Mrs Dennis Sheehan
6. Mother's Maiden Name, Mary Dougherty
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, Dennis Sheehan
9. Father's Occupation Supt. of Car mnt (Balto. & O.)
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Eastwick M.D.

Address, 2505 Penna. Ave.

Remarks,

8960001362

Wm. J. C. Dulany Co., City Printers and Stationers.

...third day of each succeeding month to the Registrar of Births, by the physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73222

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 22nd 1896
4. *Place of Birth, (Street and Number)* 356 W. Biddle st
5. *Full Name of Mother,* Maggie Jackson
6. *Mother's Maiden Name,* Maggie L. Deaver
7. *Mother's Birthplace,* Louisiana Virginia
8. *Full Name of Father,* Wm S. Jackson
9. *Father's Occupation* Produce Dealer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1024 Park ave

Remarks,

8960001363

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 22, 1896.
4. Place of Birth, (Street and Number) No. 12 N. Bethel street
5. Full Name of Mother, Mary Jefferson
6. Mother's Maiden Name, Mary Lazell
7. Mother's Birthplace, Baltimore Co. Md.
8. Full Name of Father, Lewis F. Jefferson
9. Father's Occupation Carpenter
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Geo. A. Elwell M.D.

Address, 1741 Hanford ave

Remarks,

8960001364

In case the birth of any child shall occur without the mother, immediately thereafter it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed, at the office of the Commissioner of Health or should no other person be in third day of each and every month to the office of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third and

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 22nd 1896

4. Place of Birth, (Street and Number) 2317 Pennsylvania Ave

5. Full Name of Mother, Maggie Fitzgerald

6. Mother's Maiden Name, Maggie O'connell

7. Mother's Birthplace, Ireland

8. Full Name of Father, Daniel Fitzgerald

9. Father's Occupation Car Conductor

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs A Mackenzie

Address, 551 Bloom St

Remarks,

8960001365

shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73225

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 23-1896
4. Place of Birth, (Street and Number) 1033 Hanover St
5. Full Name of Mother, Maggie Krauss
6. Mother's Maiden Name, Kubierian
7. Mother's Birthplace, Bath
8. Full Name of Father, Henry Krauss
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mirsch

Address, 800 Sandenhall Street

Remarks,

8960001366

Wm. J. C. Dulany Co., City Printers and Stationers.

...day of each and every ... to the office of ... midwifery, or should no other person be in attendance of a physician or practicer of midwifery, or should no other person be in shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 20 96
4. Place of Birth, (Street and Number) 934 E. Biddle St
5. Full Name of Mother, Amelia J. Wilson
6. Mother's Maiden Name, " " Brauer
7. Mother's Birthplace, Balto.
8. Full Name of Father, Chas H. Wilson
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, WBPerry

Address,

Remarks,

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8460001367

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 73227

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* March 23rd 1896
4. *Place of Birth (Street and Number)* 715 Hopkins Ave
5. *Full Name of Mother* Sarah Francis Smith
6. *Mother's Maiden Name* S. F. Howell
7. *Mother's Birthplace* Baltimore City
8. *Full Name of Father* Elmer Lester Smith
9. *Father's Occupation* Car Maker
10. *Father's Birthplace* Baltimore City

Name of Medical Attendant, or other Person who makes this Return. James E Donville M D

Address 1701 Baltimore St East.

Remarks

8960001368

RETURN OF A BIRTH. 73228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person have attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 23 1896.
4. *Place of Birth, (Street and Number)* No. 1736 N. Dallas Street
5. *Full Name of Mother,* Hattie Worden.
6. *Mother's Maiden Name,* Hattie Leach.
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* George W. Worden.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other person who makes this Return, Rose A. Clavell M.D.

Address, 1741 Hanford Ave

Remarks,

8960001369

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edward Paul Hopkins

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. Sex, (state whether male or female)	Boy
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	24 March
4. Place of Birth, (Street and Number)	427 S. Dallas Str.
5. Full Name of Mother,	Lizzie Hopkins
6. Mother's Maiden Name,	Shiuth
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	George Hopkins
9. Father's Occupation	Work man
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return,	
Address,	838 S. Bond Str.
Remarks,	Mary Pratt.

shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960001370

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d (Twin)

1. Sex, (state whether male or female) Females
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 24 1896
4. Place of Birth, (Street and Number) 2949 Hudson St
5. Full Name of Mother, Sandia Siegenthaler
6. Mother's Maiden Name, Sadie Klassner
7. Mother's Birthplace, Balto
8. Full Name of Father, Frank Siegenthaler
9. Father's Occupation Produce Dealer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Evans

Address, 92 Canton Ave

Remarks,

8960001371

Said Certificate shall be delivered, duly filled out, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 4-3-58

RETURN OF A BIRTH. 73281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sadie Elizabeth ~~Higgins~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Wht.
3. Date of Birth, Mch. 24/96
4. Place of Birth, (Street and Number) 1523 N. Carey St.
5. Full Name of Mother, Mrs. Newton Higgins
6. Mother's Maiden Name, Mary R. Phinney
7. Mother's Birthplace, Del. Md.
8. Full Name of Father, Newton Higgins
9. Father's Occupation Barber
10. Father's Birthplace, Carroll Co Md.

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.

Address, 2505 Penna. Ave

Remarks,

third day of each and every month to the office of the Registrar of Vital Statistics. If any midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960001372

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 24th March
4. Place of Birth, (Street and Number) Balto. 1671 Cleveland St.
5. Full Name of Mother, Barbara Eichhorn
6. Mother's Maiden Name, Barbara Deser.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles A. Eichhorn
9. Father's Occupation Driver
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Miss Bange

Address, Mrs Bange

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8466001373

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 2d 96.
4. Place of Birth, (Street and Number) 1600 Aisquith St
5. Full Name of Mother, Mary E. Callender.
6. Mother's Maiden Name, " Payne
7. Mother's Birthplace, Havre De Grace Md.
8. Full Name of Father, Geo H. Callender.
9. Father's Occupation Painter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, W B Perry MD.

Address,

Remarks,

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8460001374

RETURN OF A BIRTH. 73234

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth March 24. 96

4. Place of Birth (Street and Number) 1711 Brunt St

5. Full Name of Mother Sarah C. Wheeler

6. Mother's Maiden Name " Cavanaugh

7. Mother's Birthplace Annapolis Md

8. Full Name of Father James Wheeler

9. Father's Occupation Fireman

10. Father's Birthplace Catonsville, Balto. Co.

Name of Medical Attendant, or other Person who makes this Return. J. D. Pfahnstark M.D.

Address 1214 Lindenau

Remarks

8960001375

born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 73235

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 24th March
4. Place of Birth, (Street and Number) 1106 Ridgley St. Baltimore
5. Full Name of Mother, Mrs. Clara Davis
6. Mother's Maiden Name, Clara Hamscher
7. Mother's Birthplace, Philadelphia
8. Full Name of Father, Willam Davis
9. Father's Occupation Glass Blower
10. Father's Birthplace, Wilmington

Name of Medical Attendant, or other person who makes this Return, Mrs Bauge

Address, 711 E. Fayette

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001376

RETURN OF A BIRTH. 73136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 March
4. Place of Birth, (Street and Number) 1602 Lancaster St.
5. Full Name of Mother, Francis Galinowsky
6. Mother's Maiden Name, Kosticka
7. Mother's Birthplace, Pole
8. Full Name of Father, John Galinowsky
9. Father's Occupation, Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return

Address, S. Bond St. 838

Remarks, Mary Prett.

8960001377

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This Return is to be made out in duplicate, and the same can be ascertained the full name of each child, if any, shall not be known at the time required by this section, the Return shall be made as far as can be ascertained, the full name of each child, if any, shall be set forth as far as the same can be ascertained the full name of each child, if any, shall be set forth as far as the name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the name and occupation of its parents, the date and place of birth; and the color, the full name by the practitioner in the form of a certificate between the first and been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 March
4. Place of Birth, (Street and Number) 1616
5. Full Name of Mother, Mary Zorowska
6. Mother's Maiden Name, ~~Wich~~ Attich
7. Mother's Birthplace, Pole
8. Full Name of Father, John Zozonsky
9. Father's Occupation Workman
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return

Address, S. Bond St. 838

Remarks, Mary Pretl

8960001378

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name, sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 73238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. Sex, (State whether male or female)	Female
2. Race or color, (if not of the white race)	White
3. Date of Birth,	Mar. 24th 1896
4. Place of Birth, (Street and Number)	1612 E. Preston St
5. Full Name of Mother,	Josie Badger
6. Mother's Maiden Name,	Josie Borchers
7. Mother's Birthplace,	Brooklyn N.Y.
8. Full Name of Father,	John J. Badger
9. Father's Occupation,	Clerk
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	C Hampson Jones
Address,	211 N. Franklin St
Remarks,	Premature. About 28 wks.

1896 0001379

month, and shall set forth as far as the same can be ascertained of its parents, the date and place of birth, and the name and occupation of its parents, the date and place of birth, and the full name and occupation of the father, in the form of a certificate between the first and been conferred, its sex, color, the full name and occupation of the father, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the case of Health. In case the birth of any child as third day of each and every month to the Commissioner of Health, or should no other person be in said office of the Commissioner or practitioner of midwifery, of the person or parents of such shall occur without the attendance of a physician hereafter it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

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RETURN OF A BIRTH. 73239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	24 th of May 96
4. *Place of Birth, (Street and Number)*	2103 Wilhelm th.
5. *Full Name of Mother,*	Kathe Jünghans
6. *Mother's Maiden Name,*	Kathe Schmidt
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Rudolph Jünghans
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Liedewite Hewlett Midwife
Address,	2116 W Pratt St.
Remarks,	

8960001380

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under its jurisdiction during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 24th 1896
4. *Place of Birth, (Street and Number)* 919 E. Lombard st
5. *Full Name of Mother,* Fannie Silberman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Harris Silberman
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Exeter st

Remarks,

8460001381

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 24 1896
4. *Place of Birth, (Street and Number)* 415 Pharetta St
5. *Full Name of Mother,* Jennie Shair
6. *Mother's Maiden Name,* Jennie Barkin
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Ike Shair
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rose Finberg

Address, 97 Lloyd St

Remarks,

8960001382

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any, born alive and the date and place of birth; and the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Mar 24th 1896
4. *Place of Birth, (Street and Number)* 2110 Cambridge st.
5. *Full Name of Mother,* Catherine Muck
6. *Mother's Maiden Name,* Catherine Carrige.
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* John Muck.
9. *Father's Occupation* Stevedor
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mrs. M. E. Peregoy

Address, 2225 E Baltimore st

Remarks, City.

8960001383

Wm. J. C. Dulany Co., City Printers and Stationers.

Mother ... been conferred) its sex, color, the full name and occupation of its parents; the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 73243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 25th 1896

4. Place of Birth, (Street and Number) 1026 N. Amity St.

5. Full Name of Mother, Sallie Elizabeth Phillips

6. Mother's Maiden Name, Severe

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Walter M. Phillips

9. Father's Occupation, Painter

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return. Raymond Goodwin M.D.

Address, 707 Aliceanna St.

Remarks,

1896 00 0 0 0 1 3 8 4

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 73244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 25th 1896

4. Place of Birth, (Street and Number) 908 N. Wolf St

5. Full Name of Mother, Sarah A. Kyer

6. Mother's Maiden Name, " Conner

7. Mother's Birthplace, Balto City Md

8. Full Name of Father, George Kyer

9. Father's Occupation Bricklayer

10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, Mary A. Allwell

Address, 1438 N. Bond St Balto Md

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001385

month, and shall set forth as far as the same can be ascertained the full name of each child, the sex, color, the date and place of birth, and the name given (if any has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 73245

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	March 25, 1896.
4. *Place of Birth, (Street and Number)*	930 Hollins street
5. *Full Name of Mother,*	Mary Ellen McGuirk
6. *Mother's Maiden Name,*	~~Stre~~ " " Stretch
7. *Mother's Birthplace,*	Baltimore, Md.
8. *Full Name of Father,*	William Henry McGuirk
9. *Father's Occupation,*	Compositor (Now on The Sun)
10. *Father's Birthplace,*	Baltimore, Md.
Name of Medical Attendant, or other person who makes this Return.	Mrs. O'Hayer
Address,	524 Hollins st
Remarks,	

8 2 6 0 0 0 1 3 8 6

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of mid wifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-11-56

RETURN OF A BIRTH. 73246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Gertrude Myrtle ~~Smith~~ Smith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 25. (7.15 P. M.) 1896
4. Place of Birth, (Street and Number) 210 Vincent Alley.
5. Full Name of Mother, Mary Jane Smith
6. Mother's Maiden Name, Kehiahan,
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, John Winfield Smith.
9. Father's Occupation Laborer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return Mrs. M. Kanuel for the

Address, Mothers Relief Society 1632 N. Fremont Ave.

Remarks,

8460001387

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, born to such been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 733-47

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. Sex, (state whether male or female) F
2. Race or Color, (if not of the white race) W
3. Date of Birth, March 25th 1896.
4. Place of Birth, (Street and Number) 813 Hanover St.
5. Full Name of Mother, Caroline A. Schmidt.
6. Mother's Maiden Name, Gundlach
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Otto H. Schmidt.
9. Father's Occupation Piano Maker
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Münch

Address, 900 Baden hall Street

Remarks,

18960001388

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.) Third

1. Sex, (~~state whether male or~~ female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 25th 1896
4. Place of Birth, (Street and Number) 1434 N. Bond St
5. Full Name of Mother, Ella S. Macusky
6. Mother's Maiden Name, " " Parker
7. Mother's Birthplace, Baltimore City Md
8. Full Name of Father, Frank E. Macusky
9. Father's Occupation Potter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary A Colwell

Address, 1438 N. Bond St Balto Md

Remarks,

1 8 9 6 0 0 0 1 3 8 9

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* march the 25th 1895
4. *Place of Birth, (Street and Number)* christian st no 22 n
5. *Full Name of Mother,* magey D Ivan
6. *Mother's Maiden Name,* magey D hile
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* fredrick Ivan
9. *Father's Occupation* butcher
10. *Father's Birthplace,* Elsewill

Name of Medical Attendant, or other person who makes this Return, mrr S Keller

Address, no 19 22 Watkins Ave

Remarks,

8960001390

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 2-24-36

RETURN OF A BIRTH. 73550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ella Harriet Young

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	march the 28 - 1895
4. *Place of Birth, (Street and Number)*	millard st # 19-27
5. *Full Name of Mother,*	Lizzie young
6. *Mother's Maiden Name,*	Lizzie kaufman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William young
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Columbus Ohio
Name of Medical Attendant, or other person who makes this Return,	mrs S Kelley
Address,	# 19-22 William Av
Remarks,	

8 9 6 0 0 0 1 3 9 1

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth such facts as the same can be ascertained of its parents, the date and place of birth; and the name, sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73251

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd Child

1. Sex (state whether Male or Female). Female
2. Race or Color (if not of the white race) White
3. Date of Birth March 25 : 1896
4. Place of Birth (Street and Number) 19 Milton Place
5. Full Name of Mother Mary Louise Schenkell
6. Mother's Maiden Name M E Clifton
7. Mother's Birthplace Galveston Texas
8. Full Name of Father Charles H - Schenkell
9. Father's Occupation Commission Merchant
10. Father's Birthplace Baltimore City

Name of Medical Attendant, or other Person who makes this Return. James E Donnelly M D

Address 1707 Baltimore St East

Remarks

1896000001392

RETURN OF A BIRTH. 73252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 25 1896
4. *Place of Birth, (Street and Number)* 422 Delage pl.
5. *Full Name of Mother,* Idella F. Thompson
6. *Mother's Maiden Name,* " " Bange
7. *Mother's Birthplace,* Wilmington Del.
8. *Full Name of Father,* Charles H. Thompson
9. *Father's Occupation* Produce Dealer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, Robt. G. Scheidt MD

Address, 1458 Riverside Ave

Remarks,

1896001393

[illegible] been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 March
4. Place of Birth, (Street and Number) 708 Bethel Str
5. Full Name of Mother, Magie Evans
6. Mother's Maiden Name, Maiden
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Peter Evans
9. Father's Occupation Stivitor
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return,

Address, S. Bond Str. 838

Remarks, Mary Brett

8960001394

Wm. J. C. Dulany Co., City Printers and Stationers.

...the full name and occupation of its parents, the date and place of birth, and the ...color, the full name and occupation of its parents, the date and place of birth, and the ...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 26. 1896
4. Place of Birth, (Street and Number) 410 N Hoffman St. W
5. Full Name of Mother, Mattie Miller
6. Mother's Maiden Name, Mattie Baumgardner
7. Mother's Birthplace, Va
8. Full Name of Father, John Miller
9. Father's Occupation ~
10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return, Louise Cabaud M.D.

Address, 410 W. Hoffman St.

Remarks,

18960001395

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, that has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73255

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mary Louie Hopkins 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 26 1896
4. Place of Birth, (Street and Number) 1215 Little Sharp St
5. Full Name of Mother, Florence E. Hopkins
6. Mother's Maiden Name, Drake
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Joseph Hopkins
9. Father's Occupation, Drayman
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, GIVEN NAME ADDED. 9-22-53

Address, Jones Lane

Remarks, 647 Jasper st City

8960001396

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 26th 1896
4. *Place of Birth, (Street and Number)*	1208 3rd St Highlandtown
5. *Full Name of Mother,*	Maggie Pfeil
6. *Mother's Maiden Name,*	Bertkemeier
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Chas. Pfeil
9. *Father's Occupation,*	Shoe Store
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	R. A. Lee
Address,	Hanover St
Remarks,	

8960001397

Wm. J. C. Dulany Co., City Printers and Stationers.

In case the birth of any child ... shall occur without the attendance of a physician or practitioner of midwifery, or should no other person ... shall become the duty of the person above required, and ... manner and within the period above required, and ... with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	XI
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Black
3. Date of Birth,	March 26 1896
4. Place of Birth, (Street and Number)	1120 Halls Lane
5. Full Name of Mother,	Josephine Dagru
6. Mother's Maiden Name,	Josephine Howard
7. Mother's Birthplace,	Canada
8. Full Name of Father,	George Dagru
9. Father's Occupation	Laborer
10. Father's Birthplace,	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Wm W Dobbin M D
Address,	The Johns Hopkins Hospital
Remarks,	

8960001398

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall become and it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner provided in this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd second
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 26th 1896
4. Place of Birth, (Street and Number)	# 1337 Block St.
5. Full Name of Mother,	Elizabeth C. Parsons
6. Mother's Maiden Name,	Elizabeth C. Mogrrith
7. Mother's Birthplace,	Baltimore Md
8. Full Name of Father,	Marion Sidney Parsons
9. Father's Occupation	Mariner Engineer
10. Father's Birthplace,	Salisbury Md
Name of Medical Attendant, or other person who makes this Return.	Mrs Mary Patel
Address,	# 8388 Bond St
Remarks,	

8960001399

Health. This certificate must be made out as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Lillian Marie Rippman

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 26. 96
4. Place of Birth, (Street and Number) 203 N. Fremont
5. Full Name of Mother, Minnie (Reforman) Rippman
6. Mother's Maiden Name, Houcke
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Henry (Reforman) Rippman.
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Dr. G. Pistel

Address, 1312 Ashland ave

Remarks,

8960001400

been conferred) its sex, color, the full name and the occupation of its parents, the date and the place of its birth, the date of the marriage of its parents, the number of children born to the mother, including the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Cora Sayles -

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Child
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	26 March
4. Place of Birth, (Street and Number)	4 00 d Lockhouse 1st
5. Full Name of Mother,	Eva Sayles
6. Mother's Maiden Name,	Eamer Mary ~~Sayles~~
7. Mother's Birthplace,	Somerset County
8. Full Name of Father,	Harry Sayles
9. Father's Occupation	Stone Cutter
10. Father's Birthplace,	Somerset County
Name of Medical Attendant, or other person who makes this Return,	Mrs Barge
Address,	711 4 Cross st.
Remarks,	Name added June 27-1935 by Cora Sayles Dist 9

Cora Sayles - Cora Hill

8960001401

Wm. J. C. Dulany Co., City Printers and Stationers.

been committed, its sex, color, the full name and residence of its parents, the date of its birth, and such other information as may be required by the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73261

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Mary Jane Smith

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 26. (12.30 P. M.)
4. Place of Birth, (Street and Number) 1237 Bejerd Street.
5. Full Name of Mother, Catherine Smith.
6. Mother's Maiden Name, Seymour.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Edward Charles Smith.
9. Father's Occupation Glassworker.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. B. Kanne (for the Address, Mothers Relief Society) 632 N. Fremont Ave.

Remarks,

8 4 6 0 0 0 1 4 0 2

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and such said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar 26th 1896
4. Place of Birth, (Street and Number) 227 Ducan Alley
5. Full Name of Mother, Carolina Schlosock
6. Mother's Maiden Name, Carolina Schlosock
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Schlosock
9. Father's Occupation Sobore
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs M. E. Peacy

Address, 2225 E. Pratt

Remarks, City

1896000014003

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-31-65

RETURN OF A BIRTH. 73263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Lawrence J. Connolly

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, ~~April~~ March 27th 26

4. Place of Birth, (Street and Number) 2338 Barclay St.

5. Full Name of Mother, Mary J. Connolly.

6. Mother's Maiden Name, Cullen

7. Mother's Birthplace, Va.

8. Full Name of Father, Jno. V. Connolly

9. Father's Occupation Engineer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, J. H. Chinchéne M.D.

Address, 1801 Maryland Ave.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8760001404

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 27. (7.40 P. M.)
4. Place of Birth, (Street and Number) 184 W. Hamburg Street.
5. Full Name of Mother, Esther Susanne Pfister.
6. Mother's Maiden Name, Wirker.
7. Mother's Birthplace, Somerset Co. Md.
8. Full Name of Father, Joseph Jacob Pfister.
9. Father's Occupation Laborer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kaune (for the Mother Relief Society)

Address, 632. N. Fremont St.

Remarks,

8960001405

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 27th 1896
4. Place of Birth, (Street and Number) 40 Albemarle st
5. Full Name of Mother, Jennie Meriblum
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Isaac Meriblum
9. Father's Occupation Peddler
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

8966000014006

Wm. J. C. Dulany Co., City Printers and Stationers.

The mother, immediately after the birth of each child born alive, or the physician or midwife in attendance upon the mother, shall make a return to the Commissioner of Health of the name and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subany such person or persons who shall hereafter fail to comply with the provisions of this section shall be recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 12-8-58

RETURN OF A BIRTH. 73266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Julia Goens 1st Child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, March 27, 1896
4. Place of Birth, (Street and Number) 613 Lay St. Eutaw St
5. Full Name of Mother, Jenie A. Goens
6. Mother's Maiden Name, Jenie A. Adam
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Williams C. Goens
9. Father's Occupation, Minister
10. Father's Birthplace, Ohio

Name of Medical Attendant, or other person who makes this Return, Charity Hospital

Address, E. Eutaw & Lombard Sts

Remarks, dairy well

8960001407

Wm J C. Dulany Co., City Printers and Stationers.

Each Contract to be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the physician or practitioner to the office of the Commissioner of midwifery, or, should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner, or midwifery, or the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 27-96.
4. Place of Birth, (Street and Number) 118 E. Federal St
5. Full Name of Mother, Addie L. Mathews
6. Mother's Maiden Name, " " Nelson
7. Mother's Birthplace, Albany N. Y.
8. Full Name of Father, Andrew J. Mathews
9. Father's Occupation Clerk.
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, W B Perry MD

Address,

Remarks,

months, and shall state the full name and occupation of its parents, the date and place of birth, and, if not the first child born, the full name and occupation of its parents, the date and place of birth of each child born before it, and the date of the marriage of its parents, and the number of children born to them, and whether the first and been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001408

RETURN OF A BIRTH. 73268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 27 1896
4. Place of Birth, (Street and Number) 730 Robinson St
5. Full Name of Mother, Frances Fisher
6. Mother's Maiden Name, Frances Silverstein
7. Mother's Birthplace, Balto.
8. Full Name of Father, Wm Fisher
9. Father's Occupation Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L. Smythe

Address, 824 Canton Ave

Remarks,

8960001409

Wm. J. C. Dulany Co., City Printers and Stationers.

...about, the full name and occupation of its parents, the date and place of birth, and the ...been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the ...been conferred, duly signed by the practitioner in the form of a certificate between the first and ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ...jected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 27th March 1896

4. Place of Birth, (Street and Number) Baltimore Md 142 Lexington St

5. Full Name of Mother, Minnie Bornfeder

6. Mother's Maiden Name, Bartels

7. Mother's Birthplace, Germany

8. Full Name of Father, Henry G Bornfeder

9. Father's Occupation Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Brauning

Address, 414 S Streeper St Baltimore Md.

Remarks, Mother and Child are doing well

8960001410

(been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Over

RETURN OF A BIRTH. 73270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: William Vogeler

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 7 d.

1. *Sex,* (*state whether male or female*)
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* March 26. (2.30 A. M.).
4. *Place of Birth,* (*Street and Number*) 1603 Boyd Street.
5. *Full Name of Mother,* Louise Vogeler.
6. *Mother's Maiden Name,* Weber.
7. *Mother's Birthplace,* Heilberg near Erlbach - Hessen - Germany.
8. *Full Name of Father,* Friedrich Vogeler.
9. *Father's Occupation* Shoemaker.
10. *Father's Birthplace,* Quarxenbrück near Osnabrück - Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kaase for the

Address, Mothers Relief Society 632 N. Eutaw st.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8760001411

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 d
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 28 th 1896
4. *Place of Birth, (Street and Number)*	No 135 Fort ave
5. *Full Name of Mother,*	Katie Morse
6. *Mother's Maiden Name,*	Katie Von Hagle
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thomas E Morse
9. *Father's Occupation*	Rail Roading
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Catherine Hornung
Address,	No 1317 Byrd St
Remarks,	— — —

been complied with. Every midwife, or other person who shall assist at a birth, shall report the same in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the presence of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

8960001412

RETURN OF A BIRTH. 73572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight (8)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, 28 March
4. Place of Birth, (Street and Number) 758 St Peter st
5. Full Name of Mother, Sophia A. Kachnlein
6. Mother's Maiden Name, Rehling
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm F. Kachnlein
9. Father's Occupation Carter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Münch

Address, 800 Leadenhall Street

Remarks,

8960001413

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73273

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5.
1. *Sex, (state whether male or female)*	Boy.
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	28. March.
4. *Place of Birth, (Street and Number)*	224. Washington. Pl.
5. *Full Name of Mother,*	Maga Lantz.
6. *Mother's Maiden Name,*	Maga Welsch.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Ludwig Lantz.
9. *Father's Occupation*	Tinner.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return,	Mary Glass.
Address,	N. 9. N. Wolfe. Street.
Remarks,	

The Father, if living, and if not, the Mother, shall cause the birth of each child to be reported to the Registrar of Vital Statistics, at the Board of Health, within ten days after the birth, and shall give the full name and occupation of its parents, the date and place of birth; and the month, and shall give the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8966000141 4

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RETURN OF A BIRTH. 73574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~2d~~ 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 28 March
4. Place of Birth, (Street and Number) Richmond 926
5. Full Name of Mother, Rose Felton
6. Mother's Maiden Name, Rose Harlington
7. Mother's Birthplace, Leslie County
8. Full Name of Father, Olver Felton
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Frances Ayers

Address, 722 Bradley Ct

Remarks,

1 8 9 6 0 0 0 1 4 1 5

(M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.)

The sex, color, the full name and occupation of its parents, the date and place of birth, the first and been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73275

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, March 28th 1916

4. Place of Birth, (Street and Number) 1625 Thirteenth

5. Full Name of Mother, Minnie Watkins

6. Mother's Maiden Name, Minnie Lockerman

7. Mother's Birthplace, Orange Courthouse Va

8. Full Name of Father, Lobzen Douglas

9. Father's Occupation Driver

10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return Mary E Dorsey

Address, 1809 Lamont St

Remarks,

8960001416

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child

child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with

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RETURN OF A BIRTH. 73276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 Children

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 28th of March 1896
4. Place of Birth, (Street and Number) 810 North Dallas street
5. Full Name of Mother, Ida Travis
6. Mother's Maiden Name, Ida Leigh
7. Mother's Birthplace, Eastern Shore Maryland
8. Full Name of Father, Winder Travis
9. Father's Occupation Laborer
10. Father's Birthplace, Charlotte city Dorchester County

Name of Medical Attendant, or other person who makes this Return. Caroline Patterson

Address, 419 Lewis Street

Remarks, Living well

8460001417

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth also the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 28/96
4. *Place of Birth, (Street and Number)*	1708 McCulloh St.
5. *Full Name of Mother,*	Minnie Fechenbach.
6. *Mother's Maiden Name,*	Cahn
7. *Mother's Birthplace,*	Illinois
8. *Full Name of Father,*	Herman Cahn
9. *Father's Occupation*	Merchant
10. *Father's Birthplace,*	New York State
Name of Medical Attendant, or other person who makes this Return,	Thomas Opie M.D.
Address,	219 W Monument St
Remarks,	

8 9 6 0 0 0 1 4 1 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Month, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the name, if any, that has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 29th 1896.
4. Place of Birth, (Street and Number) 1504 Aisquith st.
5. Full Name of Mother, Martha R. Butler
6. Mother's Maiden Name, " " Busick
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Francis J. Butler
9. Father's Occupation Policeman
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline st.

Remarks,

8460001419

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and on said schedule shall be delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and whether the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female).* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 of March
4. *Place of Birth, (Street and Number)* 409 S Eden st
5. *Full Name of Mother,* Mary Weisner
6. *Mother's Maiden Name,* Stumpner
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Henry Weisner
9. *Father's Occupation* ice Driver
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Alb A Davenport

Address, 2024 E Pratt st

Remarks, the Mother is not to be found

8960001420

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 8-24-56

RETURN OF A BIRTH 73280

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Howard Raymond Baker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, March 28th - 1896
4. Place of Birth, (Street and Number) 2830 - Cedar Ave
5. Full Name of Mother, Mary L Baker
6. Mother's Maiden Name, " " Norwood
7. Mother's Birthplace, Balto -
8. Full Name of Father, H. H. Baker
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Wm H Fr Duncan

Address, 102 Chestnut Ave

Remarks,

8960001421

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 73281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, [redacted], &c.)

1. *Sex, (state whether male or [redacted])* White
2. *Race or Color, (if not of the white race)* March 29th
3. *Date of Birth,* 1022 S. Sharp St
4. *Place of Birth, (Street and Number)* Agnes J. Henschen
5. *Full Name of Mother,* " Zimmer
6. *Mother's Maiden Name,* Baltimore Sharp St
7. *Mother's Birthplace,* John H. Henschen
8. *Full Name of Father,* Cigar Box maker
9. *Father's Occupation* Baltimore Sharp St
10. *Father's Birthplace,* Wm Müsch

Name of Medical Attendant, or other person who makes this Return,

Address, 800 Loudenhall Street

Remarks,

1896000 1422

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 29th
4. Place of Birth, (Street and Number) 1405 Pennsylvania Ave
5. Full Name of Mother, Mary Dunn
6. Mother's Maiden Name, " Madigan
7. Mother's Birthplace, Washington, D.C.
8. Full Name of Father, Jno Dunn
9. Father's Occupation Dyer
10. Father's Birthplace, Yorkshire England

Name of Medical Attendant, or other person who makes this Return, Wm. G. Huck

Address, 647 W. Lafayette Ave

Remarks,

1896 0001423

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73283

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 29 March 1896
4. Place of Birth, (Street and Number) 1202 Hanover Street.
5. Full Name of Mother, Petronilla Smith
6. Mother's Maiden Name, " " Graf.
7. Mother's Birthplace, Germany
8. Full Name of Father, Raphael Graf.
9. Father's Occupation Laborer.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Katie Kinsella

Address, 220 Scarborough Street

Remarks,

1896000001424

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the 1st and 5th day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	White Girl
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	136 N Washington Ave
4. *Place of Birth, (Street and Number)*	March 29th 1896
5. *Full Name of Mother,*	Valeria Winkler
6. *Mother's Maiden Name,*	Tuchalski
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Alwin Winkler
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	H Brun Midwife
Address,	1922 E Fayette Ave
Remarks,	

1896000001425

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinbefore mentioned, to the Registrar of the district, or left at the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 29. 1896
4. *Place of Birth, (Street and Number)* 730 N. Preston St
5. *Full Name of Mother,* Katherine Elizabeth Howard
6. *Mother's Maiden Name,* " " Gilchrist
7. *Mother's Birthplace,* Balto. Co.
8. *Full Name of Father,* Fredk Ames Howard
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Vermont

Name of Medical Attendant, or other person who makes this Return, C. E. Downes M. D.

Address, 400 Park Ave.

Remarks,

8960001426

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. Child

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Baltimore March 29 96
4. Place of Birth, (Street and Number) 34 N Pentagon Ct
5. Full Name of Mother, Ella Bank
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, Simon Bank
9. Father's Occupation Pants Manufacturer
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Lena Bank

Address, 41 E. Fort Ave.

Remarks,

been conferred) its sex, color, the full name and occupation of the parents, and a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a third day of each and every month to the office of the Commissioner of Health. In case the shall occur without the attendance of a physician or practioner of midwifery, or should attendance upon the mother, immediately thereafter it shall become the duty of the child to report its birth to the Commissioner of Health, in the manner and within the any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960001427

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 St.
1. Sex, (state whether male or female)	Female Anna 1.0.5 8/30/96
2. Race or Color, (~~if not~~ of the white race)	White
3. Date of Birth,	March 29. 96.
4. Place of Birth, (Street and Number)	1928 1/2 Exeter street.
5. Full Name of Mother,	Mary Dulanicz
6. Mother's Maiden Name,	Mary Wattkunas
7. Mother's Birthplace,	Russia
8. Full Name of Father,	Joseph Dalanicz
9. Father's Occupation	Saloon Keper.
10. Father's Birthplace,	Russia
Name of Medical Attendant, or other person who makes this Return,	J. J. Zelvis.
Address,	W. Pratt St.
Remarks,	

8960001428

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 30th 1896

4. Place of Birth, (Street and Number) 1336 Division St

5. Full Name of Mother, Minnie Shaw

6. Mother's Maiden Name, Minnie Hoffman

7. Mother's Birthplace, Balto

8. Full Name of Father, Francis Shaw

9. Father's Occupation Cable Boss

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs H Mewingdue

Address, 551 Bloom St

Remarks,

8960001429

Wm. J. C. Dulany Co., City Printers and Stationers.

Each violation of this section, and each day during which the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 1-24-55

RETURN OF A BIRTH. 73289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frank Sass

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 30th March 1896
4. Place of Birth, (Street and Number) 326 Wineden St
5. Full Name of Mother, Martina Sass
6. Mother's Maiden Name, Sable
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Julius Sass
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yearwell

Address, 736 E Fort Ave

Remarks,

18960001430

Wm. J. C. Dulany Co., City Printers and Stationers.

been complied with as to sex, color, and the particulars required to be given in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1.
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	30th of May 96
4. *Place of Birth, (Street and Number)*	1703 Lemon St.
5. *Full Name of Mother,*	Mary Moram
6. *Mother's Maiden Name,*	Mary Harper
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Geary E. Moram
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Wenker Midwife
Address,	2116 W Pratt St
Remarks,	

8960001431

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1. to
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	30th of May 96
4. *Place of Birth, (Street and Number)*	No 2. Garrison Lane
5. *Full Name of Mother,*	Anna Kalbe
6. *Mother's Maiden Name,*	Anna Severids
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Wilhelm Kalbe
9. *Father's Occupation*	Laber
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 W Pratt St
Remarks,	

8960001432

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30th March
4. Place of Birth, (Street and Number) Baltimore No 20 N Poppleton st
5. Full Name of Mother, Annie Ringgold Parks
6. Mother's Maiden Name, Annie Ringgold Miller
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George Robinson Parks
9. Father's Occupation Driver
10. Father's Birthplace, Capt Robinson

Name of Medical Attendant, or other person who makes this Return, Mrs Waters

Address, 218 Bayard st Baltimore Md

Remarks,

month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

8960001433

RETURN OF A BIRTH. 73293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 30/96
4. *Place of Birth, (Street and Number)* 734 Penn'a Ave
5. *Full Name of Mother,* Charlotte Voit
6. *Mother's Maiden Name,* Lasinski
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Franz Voit
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other person who makes this Return. Bernhard Vogel, M. D.

Address, 522 Park St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

1896000 1434

RETURN OF A BIRTH. 73294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 30th 1896
4. Place of Birth, (Street and Number) 1070 Granby st.
5. Full Name of Mother, Anna Gibis
6. Mother's Maiden Name, Poesher
7. Mother's Birthplace, Europe
8. Full Name of Father, Emanuel Gibis
9. Father's Occupation, Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 172 S. Exeter st.

Remarks,

1896000014335

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73295

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 30 1856
4. Place of Birth, (Street and Number) Lake Avenue near Harford Road Annex
5. Full Name of Mother, Joanna Hemby
6. Mother's Maiden Name, Lanbright
7. Mother's Birthplace, Md
8. Full Name of Father, Jacob Hemby
9. Father's Occupation Laborer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, A. Young Wathrook M.D.

Address, 237 Lakeside Avenue

Remarks,

8960001436

Wm. J. C. Dulany Co., City Printers and Stationers.

Be it known, that the above return, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Tuesday March 31st 1896
4. Place of Birth, (Street and Number) 1221 Jefferson Street
5. Full Name of Mother, Eliza Lawson
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Lawson
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Jane West

Address, 834 Stirling Street

Remarks,

8960001437

mother, after which date the same shall be recorded. Such return shall state the full name and occupation of its parents, the date and place of birth, and the sex, color, and number of births which have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

73297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Male. Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 31 March 1896.
4. Place of Birth, (Street and Number) 1627 Fullerton.
5. Full Name of Mother, Annie Longes.
6. Mother's Maiden Name, Annie Shaffer.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Longes.
9. Father's Occupation Tanner.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return,

Address, Mary Elias

Remarks, 1625 Hopkins Ave.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001438

CERTIFICATE CORRECTED 4/6/61

GIVEN NAME ADDED

RETURN OF A BIRTH. 73298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Josephine V. Albert

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 30, 1896
4. Place of Birth, (Street and Number) 517 N. Lafayette Ave
5. Full Name of Mother, Annie E. Albert
6. Mother's Maiden Name, " McKenna
7. Mother's Birthplace, Balto City
8. Full Name of Father, Wm H. Albert
9. Father's Occupation Salesman
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, John L. Huck

Address, 647 N. Lafayette Ave

Remarks,

8960001439

Wm. J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 a.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, March 31. (3.20 P. M.)
4. Place of Birth, (Street and Number) 1221 Durst Alley - E. Balto.
5. Full Name of Mother, Maggie Wroten,
6. Mother's Maiden Name, Hebron.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Albert, Benjamin Wroten,
9. Father's Occupation Laborer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kanne / for the

Address, Mothers Relief Society / 632 E. Fremont Av.

Remarks,

8960001440

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 73300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain, as near as can be ascertained the full name of each child born, the date of birth; and the month, and shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, daily signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, the birth of any child in case the person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of such person or practitioner of midwifery, or should no other person or parents of such shall occur without the attendance of a physician or practitioner of midwifery, the duty of the person or parents of such shall become the duty of the person required, and attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Mch 31-96
4. *Place of Birth, (Street and Number)*	1939 Christian St. Balto. Md.
5. *Full Name of Mother,*	Kate Hickey
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Howard Co. Md
8. *Full Name of Father,*	Samly Miles
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	(Eastern Shore) Md.
Name of Medical Attendant, or other person who makes this Return.	J. Wm Funck M.D.
Address,	DR. J. WM. FUNCK, 1201 N. FULTON AVENUE, BALTIMORE.
Remarks,	

1936 J. B. BULLEY & CO., CITY PRINTERS AND STATIONERS.

8460001441

RETURN OF A BIRTH. 73301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 31 1896.
4. Place of Birth, (Street and Number) No. 1265 E. Northern ave.
5. Full Name of Mother, Verlinda Houston
6. Mother's Maiden Name, Verlinda Wise
7. Mother's Birthplace, Maryland
8. Full Name of Father, Richard W. Houston
9. Father's Occupation Brakeman.
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Aug. R. Clewell M.D.

Address, 1241 Hanford ave

Remarks,

been conferred) its sex, color, the full name and occupation of the parents, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001442

RETURN OF A BIRTH 73302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	March 31st
4. *Place of Birth, (Street and Number)*	3074 Cedar Ave
5. *Full Name of Mother,*	Annie Mueller
6. *Mother's Maiden Name,*	" Slater
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Wm F Mueller
9. *Father's Occupation,*	Painter
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return.	Wm. A. Fondeman
Address,	1102 Chestnut Ave
Remarks,	

8960001443

been conferred. Its sex, color, the full name and occupation of the parents, in the form of a certificate between the birth of any child said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall occur without a physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. MULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 7332 N 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	31 März 1896.
4. *Place of Birth, (Street and Number)*	Caudre St. No 1433.
5. *Full Name of Mother,*	Kathi Roesler.
6. *Mother's Maiden Name,*	nee Konatkowska.
7. *Mother's Birthplace,*	Kreisgenefen Provinz Posen
8. *Full Name of Father,*	Michael Roesler
9. *Father's Occupation*	Leber.
10. *Father's Birthplace,*	Peternitz Kr Bromberg.
Name of Medical Attendant, or other person who makes this Return.	Lizzie Schaeffler
Address,	E Fa Fulton Av 1708.
Remarks,	

8960001444

Wm. J. C. Dulany Co., City Printers and Stationers.

been collected) its sex, color, the full name and occupation of each parent, as the same may be given in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	31st of May 96
4. *Place of Birth, (Street and Number)*	1816 Lemon St.
5. *Full Name of Mother,*	Christina Heiss
6. *Mother's Maiden Name,*	Christina Heinrich
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Carl Heiss
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Frederick Fowler Midwife
Address,	2116 W Pratt St
Remarks,	

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1 8 9 6 0 0 0 1 4 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) femal
2. Race or Color, (if not of the white race) white
3. Date of Birth, ~~Dec~~ March 31st 1896
4. Place of Birth, (Street and Number) No: 12 Brown's Lane
5. Full Name of Mother, Magaret Seiler
6. Mother's Maiden Name, Magaret Weidner
7. Mother's Birthplace, Germany
8. Full Name of Father, John Seiler
9. Father's Occupation Labore
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8960001446

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73306

Over GIVEN NAME ADDED 7/28/60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Carl Franklin ~~Wheatley~~ if the child

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 11 " 1896
4. Place of Birth, (Street and Number) 925 Laclede
5. Full Name of Mother, Mary A. Markley Wheatley
6. Mother's Maiden Name, Mary A. Burns
7. Mother's Birthplace, Dorchester Co Md
8. Full Name of Father, Chas. N. (Markley) Wheatley
9. Father's Occupation, City Fireman
10. Father's Birthplace, Dorchester Co Md

Name of Medical Attendant or other person who makes this Return. J. L. Burke M.D.

Address, 98 E. Aisquith St

Remarks, Natural Labor

8460001447

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 20th 1896
4. *Place of Birth, (Street and Number)* 216 N. Schroeder St
5. *Full Name of Mother,* Mary Branning
6. *Mother's Maiden Name,* Roach
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Henry Branning
9. *Father's Occupation,* Storekeeper
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Thos P. McCormick M.D

Address, 1421 Eutaw Place

Remarks,

8960001448

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 73308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	first
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White ~~male~~ ~~[illegible]~~
3. *Date of Birth,*	march 22 [illegible]
4. *Place of Birth, (Street and Number)*	Baltimore 802 greenmount ave
5. *Full Name of Mother,*	Catherine G Shea
6. *Mother's Maiden Name,*	Catherine G Kelley
7. *Mother's Birthplace,*	Baltimore md
8. *Full Name of Father,*	Bartholomew Shea
9. *Father's Occupation*	Foreman
10. *Father's Birthplace,*	Texas Baltimore County
Name of Medical Attendant, or other person who makes this Return,	Mrs Woodey
Address,	1011 E Hoffman st
Remarks,	

B 96 U 0001449

Wm. J. C. Dulany Co., City Printers and Stationers.

Certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether ~~male or~~ female)
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 21st 1896
4. Place of Birth, (Street and Number) 1427 Euson St
5. Full Name of Mother, Elenor Euson
6. Mother's Maiden Name, Elenor Roby
7. Mother's Birthplace, Balto Co / Md
8. Full Name of Father, Emory Euson
9. Father's Occupation, Agent (Euson)
10. Father's Birthplace, Balto Co Md

Name of Medical Attendant, or other person who makes this Return, N. L. Franks. M.D.

Address, 9 E. Oxford St Balto.

Remarks, Natural

Deaths occurring in the city must be reported to the Registrar in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

1896 0001450

RETURN OF A BIRTH. 73310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 31
4. Place of Birth, (Street and Number) 1623 Eutaw St Baltimore
5. Full Name of Mother, Ina Mae Kavanagh
6. Mother's Maiden Name, Mary Montagh
7. Mother's Birthplace, Ireland
8. Full Name of Father, Mathew Kavanagh
9. Father's Occupation Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Ino Woden

Address, 1001 E. Hoffman St

Remarks,

8966000145 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 73311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 20th 1896

4. Place of Birth, (Street and Number) West Pratt Ave & 7th Street

5. Full Name of Mother, Annie F Albert

6. Mother's Maiden Name, Annie F Mulburn

7. Mother's Birthplace, Boston Mass

8. Full Name of Father, John J Albert

9. Father's Occupation Butcher

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, John D Pennington M.D.

Address, 1716 Linden Ave

Remarks,

8960001452

been conferred its sex, color, the full name and occupation of the parents, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name James L. Barnett

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 th.
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	March 20 th 1896
4. Place of Birth, (Street and Number)	212 S. Collington
5. Full Name of Mother,	Mary M. Barnett
6. Mother's Maiden Name,	" " Hand
7. Mother's Birthplace,	B. C.
8. Full Name of Father,	James G. Barnett
9. Father's Occupation,	Painter
10. Father's Birthplace,	D. C.
Name of Medical Attendant, or other person who makes this Return,	Geo. L. Williams
Address,	C. N. Broadway
Remarks,	

8 9 6 0 0 0 1 4 5 3

Said schedule shall be delivered, duly signed by the practitioner in the presence of a witness, to the Registrar of Vital Statistics of Baltimore City, within ten days after the birth of any child. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W.
3. Date of Birth, March 26 1900
4. Place of Birth, (Street and Number) 20 S. Broad
5. Full Name of Mother, Hanna E. Murray
6. Mother's Maiden Name, " " Hill
7. Mother's Birthplace, Elizabeth City N.C.
8. Full Name of Father, Eugene A. Murray
9. Father's Occupation, Clerk
10. Father's Birthplace, Charleston S.C.

Name of Medical Attendant, or other person who makes this Return, Geo. L. Preston M.D.

Address, 6 N. Bdy

Remarks,

8960001454

Wm J. C. Dulany Co., City Printers and Stationers.

In case the birth of any child shall occur without the mother, immediately thereafter it shall become the duty of each and every person present at the birth or in attendance upon the mother, immediately thereafter to report the same to the office of the Commissioner of Health, or should no other person be in attendance upon birth to the Commissioner of Health, or should no other person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

73314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, march 29 1896
4. Place of Birth, (Street and Number) Rine St 851
5. Full Name of Mother, Amelia F Buckett
6. Mother's Maiden Name, " " F Henson
7. Mother's Birthplace, Howard Co md
8. Full Name of Father, Truman H Buckett
9. Father's Occupation, Porter
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other Person who makes this Return. mrs Jane Butler.

Address, 208 myrtle Ave

Remarks, The Child is doing well

ascertained the full name of each child (if any), and the said schedule shall be delivered, duly signed by the practitioner in the form of a parents, the date and place of birth, and the said schedule shall be delivered to the Office of the Commissioner of Health. In case the certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

8960001455

RETURN OF A BIRTH. 73315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Genevieve Virginia Owings

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 4th 1896

4. Place of Birth, (Street and Number) 212 E. Eutaw St

5. Full Name of Mother, Ida Owings

6. Mother's Maiden Name, Ida Sykes

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John F. Owings

9. Father's Occupation Oyster Shucker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Chas. K. Eastburn

Address, #213 E. Heath St

Remarks, GIVEN NAME ADDED 3-11-54 Doing Well h.m.

8960001456

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This Schedule and Return is not to be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Mar. 11th
4. *Place of Birth, (Street and Number)*	1724 Johnson St
5. *Full Name of Mother,*	Mary E. France
6. *Mother's Maiden Name,*	Mary E. Harvey
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles A. France
9. *Father's Occupation*	Conductor on Rail Road.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return.	Dr. R. Caskey.
Address,	#213 E. Heath St
Remarks,	Very Well.

8960001457

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 20th 1896
4. Place of Birth, (Street and Number) 318 Eutaw St
5. Full Name of Mother, Catherine Schwartze
6. Mother's Maiden Name, Catherine Campbell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank L. C. Schwartze
9. Father's Occupation, Window Screen
10. Father's Birthplace, Baden

Name of Medical Attendant, or other person who makes this Return, George B Reynolds M.D.

Address, 711 N Calvert St

Remarks,

8960001458

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Mar. 21st
4. *Place of Birth, (Street and Number)*	1845, S. Charles St
5. *Full Name of Mother,*	Lizzie Cox
6. *Mother's Maiden Name,*	Lizzie A Pinkett
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles E. Cox
9. *Father's Occupation*	Piano Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Chas R. Coskery
Address,	#213 E. Heath St
Remarks,	Doing Well.

8 9 6 0 0 0 1 4 5 9

been conferred) its sex, color, the full name and occupation in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether ~~male~~ or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, March 20th 1896
4. Place of Birth, (Street and Number) 2600 York Road
5. Full Name of Mother, Mary Catherine Sullivan Shulcrow
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas H. Sutton
9. Father's Occupation, Farmer
10. Father's Birthplace, White Race Md

Name of Medical Attendant, or other person who makes this Return, George B. Reynolds M.D.

Address, 711 N. Calvert St

Remarks,

1896000001460

been conferred; its sex; color; the full name of each parent; the place of birth in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been entered, its sex, color, the full name and occupation of the parents, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Mar. 23rd
4. *Place of Birth, (Street and Number)*	42 Hanover St
5. *Full Name of Mother,*	Maggie Sauterback
6. *Mother's Maiden Name,*	Maggie Salatte
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Lewis Sauterback
9. *Father's Occupation*	Glass Blower
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Dr. R. Coskery
Address,	213 E. Heath St
Remarks,	Doing Well

8960001461

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, March 27th 1916
4. Place of Birth, (Street and Number) 914 E. Hanover St.
5. Full Name of Mother, Mary E. Bookhultz.
6. Mother's Maiden Name, Mary E. Roy.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John F. Bookhultz.
9. Father's Occupation Tinner.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Dr. K. Leskey.

Address, ~~Dr~~ 213 E. Heath St

Remarks, Doing Well.

8960001462

Wm. J. C. Dulany Co., City Printers and Stationers.

...been conferred; its sex, color, the full name and occupation of its parents, the date and place of the first and ...been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73322

GIVEN NAME ADDED 8-6-69

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Helen Marie Doyle

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Number of children 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 28 1896
4. Place of Birth, (Street and Number) 116 N. Bond St. Baltimore
5. Full Name of Mother, Ida M. Doyle
6. Mother's Maiden Name, Ida M. Layman
7. Mother's Birthplace, Frederick City
8. Full Name of Father, William J. Doyle
9. Father's Occupation Hodd Shaper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Susan Mrs Hunter

Address, 231 Pennsylvania Ave

Remarks,

8960001463

been conferred) its sex, color, the full name and occupation of the parents, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, March 31st 1896
4. Place of Birth, (Street and Number) 715 Hanford ave
5. Full Name of Mother, Margaret Elizabeth Hom Hamile
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Benjamin Franklin Hom
9. Father's Occupation, Cigar inspector
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, George B. Reynolds M.D.

Address, 711 E Calvert

Remarks,

8960001464

Wm J C. Dulany Co., City Printers and Stationers.

(been completed in the case of each child born alive, such certificate shall be signed by the practitioner in the form of a certificate between the first and second columns of said schedule, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Copied from Vol. 15 Folio 28

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-73324

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: 616 E. Biddle Street
(b) Mother's stay before delivery: In hospital or institution In Baltimore (Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Md. (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL)
(d) Street No. (If rural give location)

3. Full name of child Thomas Dorsey Owings Jr.

4. Date of birth Feb. 28, 1896 (Month) (Day) (Year)

5. Sex: Male

6. Twin or triplet If so—born 1st, 2d, or 3rd

7. Number weeks of pregnancy

8. Hour of birth M.

FATHER OF CHILD

9. Full Name Dorsey T. Owings
10. Color or race
11. Age at time of this birth yrs.
12. Birthplace Maryland (City, town, or county) (State or foreign country)
13. Usual occupation
14. Industry or business
21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 1st child
(b) How many other children were born alive but are now dead?
(c) How many children were born dead?

MOTHER OF CHILD

15. Full Maiden Name Della Gilchrist
16. Color or race
17. Age at time of this birth yrs.
18. Birthplace Maryland (City, town, or county) (State or foreign country)
19. Usual occupation
20. Industry or business
22. Mother's mailing address for registration notice:

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by , related to this child as

24. Date rec'd by local registrar April 21 19 X1896

25. Signed Dr. James F. McShane Registrar

26. Given name added 9-2-52 by Registrar per

(Signed) W. M. Pearce M. D. Physician (or midwife) who attended this birth (Midwife)

or Robert E. Tarbox, M.D. Commissioner of Health and Registrar

Address 0 1 4 6 5 Date

VS 100 No information was given on the original record for items left blank on this certificate

CERTIFICATE CORRECTED 10-14-64

RETURN OF A BIRTH. 73355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Helen Lillian Litz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	~~March 27 '96~~ April 7, 1896
4. Place of Birth, (Street and Number)	1833 Druid Hill ave
5. Full Name of Mother,	Mrs. Loretto Litz
6. Mother's Maiden Name,	" Foige
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Henry G Litz
9. Father's Occupation	Hatter
10. Father's Birthplace,	Balto
Name of Medical Attendant, or other person who makes this Return,	T Chew Worthington
Address,	840 W. Fayette
Remarks,	

8460001466

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 31 '96
4. Place of Birth, (Street and Number) 714 N. Monroe
5. Full Name of Mother, Mrs. Amie Kohler
6. Mother's Maiden Name, " Nichols
7. Mother's Birthplace, Carroll Co Md
8. Full Name of Father, John Kohler
9. Father's Occupation Shoe Cutter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, † Chas R Northington

Address, 840 W. Fayette

Remarks,

8960001467

Wm. J. C. Dulany Co., City Printers and Stationers.

be delivered to the parents or guardians of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 18 1896
4. Place of Birth, (Street and Number) 15-½ Washington St
5. Full Name of Mother, Rosie Judge
6. Mother's Maiden Name, Rosie [illegible] Sherry
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Judge
9. Father's Occupation Laborer
10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return Geo W Dobbin M.D.

Address, The Johns Hopkins Hospital.

Remarks,

8460001468

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 25th 96.
4. Place of Birth, (Street and Number) 914 Ramsay st.
5. Full Name of Mother, Margaret Murphy
6. Mother's Maiden Name, Margaret Welch.
7. Mother's Birthplace, Ireland
8. Full Name of Father, Cornelius Murphy
9. Father's Occupation Expressman
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Ohle. M.D.

Address, 1203 West Fayette st.

Remarks,

8960001469

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and residence of the parent in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 1896
4. Place of Birth, (Street and Number) 1013 E. Pratt St
5. Full Name of Mother, Lena Goldowitsch
6. Mother's Maiden Name, Sidel
7. Mother's Birthplace, Russia
8. Full Name of Father, Julian Goldowitsch
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, C. Schusmann

Address, 72 Albemarle St

Remarks,

8960001470

said schedule shall be delivered, duly signed by the practitioner in the form of a Certificate hereinafter prescribed, to the Registrar of Vital Statistics of the City of Baltimore, within ten days after the birth of any child born in said City. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and third day of each and every month to the office of the Commissioner of Health, or to such other place as the Commissioner of Health may designate, a schedule of all births which shall have occurred during the preceding month, and it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: JOSEPH VINCENT ~~HELFRICH~~ FRICH

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 1, 1916
4. Place of Birth, (Street and Number) 1209 N. Washington St.
5. Full Name of Mother, Amelia E. Helfrich
6. Mother's Maiden Name, Rider
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Sylvester Helfrich
9. Father's Occupation Laborer
10. Father's Birthplace, Penna.

Name of Medical Attendant, or other person who makes this Return, J. F. Crouch M.D

Address, 1051 Fisquett St

Remarks,

8960001471

Wm. C. Dulany Co., City Printers and Stationers.

been committed to sec. Color, the information and description required in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 March 896
4. Place of Birth, (Street and Number) 220 S Eighth St
5. Full Name of Mother, Eva Romero
6. Mother's Maiden Name, Trifiokskiff
7. Mother's Birthplace, Russia
8. Full Name of Father, Casale Romero
9. Father's Occupation Peasant
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E Schwarz M.D.

Address, 22 Allendale St

Remarks,

1896000001472

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[236]

RETURN OF A BIRTH. 73332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 March 1896
4. *Place of Birth, (Street and Number)* 538 Franklin St.
5. *Full Name of Mother,* Pantaleo Liviana
6. *Mother's Maiden Name,* Maiuto
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Pantaleo Liviana
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, E. Schuman

Address, 42 Albemarle St

Remarks,

8960001473

Wm. J. C. Dulany Co., City Printers and Stationers.

[236]

RETURN OF A BIRTH. 73333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 March 1896
4. *Place of Birth, (Street and Number)* 220 Laurens St
5. *Full Name of Mother,* Liza Rosier
6. *Mother's Maiden Name,* Lord
7. *Mother's Birthplace,* Baltimore Md. Germany Russia
8. *Full Name of Father,* Hermann Rosier
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Detroit Michigan

Name of Medical Attendant, or other person who makes this Return, E. Stevenson

Address, 42 Albemarle St

Remarks,

8960001474

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 8, 1896
4. *Place of Birth, (Street and Number)* 1319 Eason St
5. *Full Name of Mother,* Jennie R. Collins
6. *Mother's Maiden Name,* Stephens
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Thomas E. Collins
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Delaware

Name of Medical Attendant, or other person who makes this Return, J. L. Crouch M.D

Address, 1051 Fisquett St

Remarks,

8960001475

month, and shall state the full name and occupation of its parents, the sex, color, the full name and occupation of its parents, the sex, color, the full name and occupation of its parents, the sex, color,

GIVEN NAME ADDED 7-20-55

RETURN OF A BIRTH. 73385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Catherine ~~Wise~~ Dietz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 6, 1896
4. Place of Birth, (Street and Number) 1051 Ausquith St
5. Full Name of Mother, Ida F. Wise
6. Mother's Maiden Name, Dallone
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Augustus W. Wise
9. Father's Occupation Carpenter
10. Father's Birthplace, Penna

Name of Medical Attendant, or other person who makes this Return, J. B. Enoch, M.D

Address, 1051 Ausquith St

Remarks,

8960001475

Wm. C. Dulany Co., City Printers and Stationers.

month, and name, if any, color, the full name and occupation of its parents, the residence of the parents at the time of the birth of the child, and whether the child is the first and been conferred) its sex, color, the full name and occupation of its parents, the residence of the parents at the time of the birth of the child, and whether the child is the first and only child born at one birth, or one of twins, triplets, &c., and the date of birth of each child, and the name given to each child, if any, and whether the child is the first and only child born at one birth, or one of twins, triplets, &c., and the date of birth of each child, and the name given to each child, if any, and the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* March 12th 1896
4. *Place of Birth, (Street and Number)* 311 S. High st.
5. *Full Name of Mother,* Kate V. Conners
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Patrick F. Conners
9. *Father's Occupation* Labour
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

8900001477

Wm. J. C. Dulany Co., City Printers and Stationers.

2361

RETURN OF A BIRTH. 73337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 March 896.
4. Place of Birth, (Street and Number) 842 Low St.
5. Full Name of Mother, Annie Gorbes
6. Mother's Maiden Name, Rosenbaum
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Gorbet
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E Klasmanas

Address, 742 Aliamarle St

Remarks,

8960001478

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 1. ... shall set forth as far as the same can be ascertained, the full name ... and place of birth; and the month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the date and place of the first and been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the birth of any child said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person of such shall occur without the attendance of a physician or practitioner of midwifery, or of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 March 1896
4. *Place of Birth, (Street and Number)* 240 N Haiden
5. *Full Name of Mother,* Linda Miller
6. *Mother's Maiden Name,* Caplan
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Nathan Miller
9. *Father's Occupation* ~~None~~ Cabinet maker Repairer
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E Brenner

Address, 229 Albemarle St

Remarks,

8 9 6 0 0 0 1 4 7 9

Wm. J. C. Dulany Co., City Printers and Stationers.

been completed in all its parts, and signed by the practitioner in the form of a certificate between the lines on said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the lines on said schedule shall be delivered to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

mouth, and shall set forth the full name and occupation of its parents, the date and place of marriage between the first and been conferred,) its sex, color, the full name and occupation of its parents, the date and place of marriage between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 15
4. Place of Birth, (Street and Number) Int Infirmary
5. Full Name of Mother, Annie Höfner
6. Mother's Maiden Name, Annie Ochs
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Höfner
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Co.

Name of Medical Attendant, or other person who makes this Return, Joseph Blum

Address, Columbus Av

Remarks,

8966000148 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Color.
3. *Date of Birth,*	March 15. 1896
4. *Place of Birth, (Street and Number)*	Bruce street 1417
5. *Full Name of Mother,*	Mary Flood
6. *Mother's Maiden Name,*	Mary Butler.
7. *Mother's Birthplace,*	Calvert Co. Md.
8. *Full Name of Father,*	Christopher Flood
9. *Father's Occupation*	Lobr.
10. *Father's Birthplace,*	Franklin Co. Va
Name of Medical Attendant, or other person who makes this Return,	
Address,	Sarah Rollins
Remarks,	610 Wilkens Ave

8960001481

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth occurring in the city of Baltimore shall be reported to the Commissioner of Health, in the form of a certificate between the first and third days of each and every month, by the physician or practitioner in attendance upon the case, or by the midwife, if there be no physician or practitioner in attendance; and in case the birth occurs without the attendance of a physician or practitioner, or midwife, or should the parent or parents of such child be unable to report the same, then the householder or owner of the premises where the birth occurs shall report the same within the time above required. Such certificate shall state the full name and occupation of the parents of the child, the date of birth, the sex, color, the full name and occupation of the physician or midwife by whom the birth was attended, or if no physician or midwife was in attendance, then the full name and occupation of the person who reported the birth, and the number of the house in which the birth occurred; its sex, color, the full name and occupation of the parents of the child, the date of birth, and whether the child was the first or other issue of the marriage, if any, of the parents; and in case of plural births, the certificate shall state the fact, and the order in which each child was born. Such certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	March 17, 1896
4. *Place of Birth, (Street and Number)*	1313 E Baltimore
5. *Full Name of Mother,*	Florence Ross
6. *Mother's Maiden Name,*	Hofmeyer
7. *Mother's Birthplace,*	Md
8. *Full Name of Father,*	Walter B Ross
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	J. F. Crouch M.D.
Address,	1051 Fremont St
Remarks,	

8960001482

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, March 20. 96
4. Place of Birth, (Street and Number) 2102 Madison Av
5. Full Name of Mother, Pauline A Gichner
6. Mother's Maiden Name, Pauline Ash
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Enoch Gichner
9. Father's Occupation Physician
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return, D E Gichner

Address, 2102 Madison Av

Remarks, The name of the Child is Manuel Gitman Gichner

Health. This schedule shall contain a list of the births [illegible] the full name of each child, if any, and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, and the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

8960001483

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: THERESA KRESS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 March 1896
4. Place of Birth, (Street and Number) 302 High St
5. Full Name of Mother, Rosa Kress
6. Mother's Maiden Name, Burkstaker
7. Mother's Birthplace, Russia
8. Full Name of Father, Wm Kress
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E Silverman

Address, 42 Aisquith St

Remarks,

1896 0001484

Been delivered, duly signed by the practitioner in the case of [illegible] said schedule shall be delivered to the office of the Commissioner of Health. In case the birth of any child third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-17-

RETURN OF A BIRTH. 73349 73344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sophia W. ~~Aaron~~ × Female

1. Sex, (state whether male or female) × Second

2. Race or Color, (if not of the white race) White

3. Date of Birth, March 22 1896

4. Place of Birth, (Street and Number) 1619 Division

5. Full Name of Mother, Birdie Aaron

6. Mother's Maiden Name, Winternitz

7. Mother's Birthplace, Balto.

8. Full Name of Father, James Aaron / Aaron

9. Father's Occupation Clerk

10. Father's Birthplace, Balto

Name of Medical Attendant or other person who makes this Return, Joseph Blum

Address, 1 Columbia Av

Remarks,

Health. This schedule shall be filled out so far as the same can be ascertained, the full name and place of birth; and the month, and shall set forth as far as the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001485

RETURN OF A BIRTH. 73345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th child.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Color.
3. Date of Birth, March 23, 896.
4. Place of Birth, (Street and Number) Bruce street 142 S
5. Full Name of Mother, Annie Tyler,
6. Mother's Maiden Name, Annie Frazier
7. Mother's Birthplace, Calvert County Md.
8. Full Name of Father, John Tyler
9. Father's Occupation Laborer
10. Father's Birthplace, A. A. County Md.

Name of Medical Attendant, or other person who makes this Return, Sarah Rollins

Address, 161 Vincent Street

Remarks,

been entered its sex, color, the full name and residence of the parents, and the date of birth, said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereof, the first third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 ~~March~~ March
4. Place of Birth, (Street and Number) 235 President St
5. Full Name of Mother, Scolastica Tamarelli
6. Mother's Maiden Name, Scolastica Fusco
7. Mother's Birthplace, Cerasuolo Italia
8. Full Name of Father, G. Antonio Tamarelli
9. Father's Occupation Laborer
10. Father's Birthplace, Belmonte Italia

Name of Medical Attendant, or other person who makes this Return, Palma Tamarelli

Address, 235 President St

Remarks, Carmena Clementina Tamarelli

been collected) its sex, color, the full name and residence of the parent in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8760001487

GIVEN NAME ADDED 12-14-59

TURN OF A BIRTH. 73347

gistrar of Vital Statistics, Board of Health, Baltimore City.

te whether 1st, 2d, 3d, &c.)	Maurice R. Oppenheim IVth
or female)	male
the white race)	White
	March 25/96
d Number)	564 Presstman St
	Helen Oppenheim
	Helen Rosenberg
	Balto. Md
	Jerry I. Oppenheim
	Clerk
	Baltimore
or other person who makes this Return	Joseph Blum
	Cuntia Ave

18960000 1488

1896 0 0 0 0

RETURN OF A BIRTH. 73348

GIVEN NAME ADDED 7/5/61

To the Office of the Registrar of Vital Statistics, Board of Health, Baltimore City.

Names: Simon Solomon
Samuel Solomon

(State whether 1st, 2d, 3d, &c.)

No. of Child of M

(State male or female) Male Twins

1. Sex, (state w

If not of the white race) White

2. Race or C

3. Date March 1896

(Street and Number) 224 Calvin St.

4. Lizzie Solomon

of Mother,

5. Dietzer

n Named

6. Mother's Mai

Russia

7. Mother's Bir

David Solomon

ather,

8. Full Nam

Tailor

9. Father's

Russia

10. Father's

of For

E. Isserman

Name of Occupati

Address Birthp

72 Hillen Mark St

Remark

Medi

1896 00001489

s.

Wm. J. C. Dulany Co., City Printers and Statio.

Every person who shall register a birth shall contain a list of the [illegible] and place of birth, and the month, and shall set forth as far as the same can be ascertained the full name, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and ...orth as ... as the same can be ascertained the full name of ... child, if any shall have been conferred, its sex, color, ... full name and occupation of its parents, the date and place of birth; and the said schedule shall be ... duly signed by the practitioner in the form of a certificate between the first and third day of each and every ... nth to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male Donald Winthrop Shriner
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 28th 1896
4. Place of Birth, (Street and Number) 936 N. Stricker St.
5. Full Name of Mother, Marian Shriner
6. Mother's Maiden Name, Botzler
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Jesse Shriner
9. Father's Occupation Salesman
10. Father's Birthplace, Carroll Co. Md

Name of Medical Attendant, or other person who makes this Return, John Staff M.D.

Address, 701 N. Carrollton Ave

Remarks, Given name added from an application for a transcript from father. Filed by Reg. No. - D.E. Wehn - Birth Index Clerk Oct 6 5-1929

8960001490

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 31. 1896
4. Place of Birth, (Street and Number) 418 W. Hoffman St.
5. Full Name of Mother, Lilly Robinson
6. Mother's Maiden Name, Lilly Robinson
7. Mother's Birthplace, Md.
8. Full Name of Father, John Swares
9. Father's Occupation Sailor
10. Father's Birthplace, Md.

Name of Medical Attendant, or other [illegible] make[illegible] ... Eaton M.D.

Address, 410 W. Hoffman

Remarks,

1896000 1491

... Commissioner of Health. In case ...
third day of each and every month to the office of the Commissioner of Health ... of a physician or practitioner of midwifery, or should no other person be in
... the same can be ascertained, the date and place of birth, names of such
... and shall set forth as far as the same can be ascertained, of its parents, the date ... between the first and
... nth, and shall set forth as far as the full name and occupation of its parents, in the form of a certificate between the first and ... of any child
been conferred) its sex, color, the full name and occupation ... the practitioner in the form of Health. In case the birth of any child
said schedule shall be delivered, duly signed by the practitioner of the Commissioner of Health. In case no other person be in
third day of each and every month to the office of the Commissioner of midwifery, or should no other person of such
shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such
attendance upon the mother, immediately thereafter, in the manner and within the period above required, and
child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., [illegible] Printers and Stationers

RETURN OF A BIRTH. 73366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) This is 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 8 of March 1896
4. Place of Birth, (Street and Number) 2332 Millman Street
5. Full Name of Mother, Mary L Gray
6. Mother's Maiden Name, Mary L Thompson
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, J. J Thoxy gray
9. Father's Occupation Laban
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Sarah Anna Jones

Address, 525 N. Patterson Park ave

Remarks,

8960001493

Wm. J. C. Dulany Co., City Printers and Stationers.

...third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance of a physician or practioner of midwifery, or should no other person or parents of such shall occur without the attendance of a physician or practioner of midwifery, of the person or parents of such shall become the duty of the period above required, and immediately thereafter it shall be the manner and within the provisions of this section shall be sub-attendance upon the mother, immediately thereafter it, in the Commissioner of Health, to the provisions of this section shall be sub-child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 73367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) FEMALE.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March. 18. 1896
4. Place of Birth, (Street and Number) 719. N. DALLAS. St
5. Full Name of Mother, SARAH. ADKINS.
6. Mother's Maiden Name, " " HALL
7. Mother's Birthplace, BALTO. MD.
8. Full Name of Father, JOHN. ADKINS
9. Father's Occupation, LABORER
10. Father's Birthplace, EASTERN. SHORE.

Name of Medical Attendant, or other person who makes this Return. MARIAN FORREST

Address, 1928. E. CHASE. St

Remarks,

8960001494

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...birth (or stillbirth) its sex, color, the full name and residence of the parents, etc. In case the birth of any child has been conferred by the practitioner in the manner provided by the Board of Health. In case the birth of any child been conferred, duly signed by the practitioner in the manner provided by the Board of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the manner provided by the Board of Health. In case the birth of any child been conferred, duly signed by the practitioner in the manner provided by the Board of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the manner provided by the Board of Health. In case the birth of any child been conferred, duly signed by the practitioner in the manner provided by the Board of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the manner provided by the Board of Health. In case the birth of any child been conferred, duly signed by the practitioner in the manner provided by the Board of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the manner provided by the Board of Health. In case the birth of any child been conferred, duly signed by the practitioner in the manner provided by the Board of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the manner provided by the Board of Health. In case the birth of any child been conferred, duly signed by the practitioner in the manner provided by the Board of Health. In case the birth of any child said schedule shall be delivered to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 73368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth child

1. Sex, (state whether male or female) Male & female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, first of March (96)
4. Place of Birth, (Street and Number) 716 Stirling
5. Full Name of Mother, Lucinda Marsh Oliver
6. Mother's Maiden Name,
7. Mother's Birthplace, Eastern Shore Talbot County Md
8. Full Name of Father, John Wesley Marsh
9. Father's Occupation, Coachman
10. Father's Birthplace, Anne arundel County Md

Name of Medical Attendant, or other person who makes this Return. Maria Forrest

Address, 1928 Chase St

Remarks,

8960001495

been conferred) its sex, Color, the date of birth, etc., duly signed by the practitioner in the case, to the Board of Health. In case the birth of any child said schedule shall be delivered, duly signed by the Commissioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health, a physician or practitioner of midwifery, or of the person or parents of such shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents required, and attendance upon the mother, immediately thereafter in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 73369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Benjamin F Metcalf

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 5th 1896
4. Place of Birth, (Street and Number) 525 Oxford Ave
5. Full Name of Mother, Ida M. Metcalf
6. Mother's Maiden Name, Bryan
7. Mother's Birthplace, East Lee, Md
8. Full Name of Father, John R. Metcalf
9. Father's Occupation Motorman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr J. B. Hart

Address, 515 Jefferson Ave Canton

Remarks,

said schedule shall be delivered every month to the office of the Commissioner of Health, or should no other person attend the birth, the physician or practioner of midwifery, or should no other person attend the birth, the third day of each and every month to the office of the Commissioner of Health, or should no other person attend the birth, shall occur without the attendance of a physician or practioner of midwifery, or should no other person attend the birth, attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1896 0001496

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-Th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 21 1876
4. Place of Birth, (Street and Number) 2 N. Pine St.
5. Full Name of Mother, Mary Elizabeth Darcey
6. Mother's Maiden Name, Mary Elizabeth Curtin
7. Mother's Birthplace, Prince Georges Co
8. Full Name of Father, John Edw Darcey
9. Father's Occupation Porter
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, Hathaway & Jones

Address, Baltimore City

Remarks,

8960001497

been concerned) as aforesaid, duly signed by the practitioner in charge of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in charge of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) ~~Male~~ Female

2. Race or Color, (if not of the white race)

3. Date of Birth, March twenty ninth, 1896.

4. Place of Birth, (Street and Number) 2234 Eutaw Place

5. Full Name of Mother, Lillian Ridgley Krise

6. Mother's Maiden Name, Lillian Ridgley Criscott

7. Mother's Birthplace, Boston Mass

8. Full Name of Father, D. L. Morris Krise

9. Father's Occupation Pres. & Treas. Chesapeake Co.

10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return W. W. Russell.

Address, ~~[illegible]~~ ~~2234~~ Eutaw Place. 1418.

Remarks, 8960001498

[illegible] been conferred) its sex, color, the [illegible] practitioner in the form of a certificate between the [illegible] said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

36.]

RETURN OF A BIRTH. 73373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) five 4 girls 1 boy

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, march 10 1896

4. Place of Birth, (Street and Number) No 925 Fredrick st

5. Full Name of Mother, Theresa Gold

6. Mother's Maiden Name, Peters

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John A Gold

9. Father's Occupation blacksmith

10. Father's Birthplace, Baltimore Co

Name of Medical Attendant, or other person who makes this Return Mrs Alice Blum

Address, Oliver St near Jersey Lane

Remarks,

1 8 9 6 0 0 0 1 4 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Heading. [illegible] shall set forth as far as the same can be ascertained [illegible] parents, the date and place of birth, the full name and occupation of its parents, the date and place of birth, the first and month, and shall set forth as far as the same can be ascertained of its parents, the date and place of birth, the first and been conferred), its sex, color, the full name and occupation of the father, and the maiden name of the mother, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73373½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mch. 31. 1896
4. Place of Birth, (Street and Number) 1518 E. Eager St.
5. Full Name of Mother, Teresa Schlotedt
6. Mother's Maiden Name, " Stengel
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Gustav Adolph Schlotedt
9. Father's Occupation, Marble Carver
10. Father's Birthplace, Cincinnati

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1131 N. Caroline St.

Remarks, 1 8 9 6 0 0 0 1 5 0 0

[illegible] been conferred) its sex, color, [illegible] said schedule shall be delivered, duly signed by the practitioner [illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 31. 1896
4. Place of Birth, (Street and Number) 1205 E. Biddle St.
5. Full Name of Mother, Ida E. Hayden
6. Mother's Maiden Name, " " Jones
7. Mother's Birthplace, St. Mary's Co. Md.
8. Full Name of Father, Philip M. Hayden
9. Father's Occupation, Asst. Supt.
10. Father's Birthplace, St. Mary's Co. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 Hoffman St.

Remarks, 8960001501

Wm J. C. Dulany Co., City Printers and Stationers.

been Certified, duly signed by the Commissioner of Health. In case the other person be in said schedule shall be delivered, duly signed by the Commissioner of midwifery, or should no other person or parents of such third day of each and every month to the office of the physician or practitioner of midwifery, or of the person or parents required, and shall occur without the attendance of a physician or practitioner it shall become the duty of the person above required, and attendance upon the mother, immediately thereafter, in the manner and within the period above shall be sub- child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

7

RETURN OF A BIRTH. 73375

GIVEN NAME ADDED 2/24/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Hilda Marie Green

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 3, 1896
4. Place of Birth, (Street and Number) 1302 Division St
5. Full Name of Mother, Lydia Green
6. Mother's Maiden Name, Lydia Sprindel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Green
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, B. K. Brownlee M.D.

Address, 510 Park ave

Remarks, 1896000 1502

The above certificate must be filled out as far as the same can be ascertained the first time the child is seen after birth; and the facts therein set forth as far as the same can be ascertained the first time the child is seen after birth; and the mouth, and shall set forth as far as the same can be ascertained the first time the child is seen after birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately after the birth, or should no other person be in shall occur without the attendance of a physician or practitioner it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- child to report its birth to the Commissioner of Health, in the manner and within the period above required, and jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH A 73376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, March 3 1896
4. Place of Birth, (Street and Number) 444 Short St
5. Full Name of Mother, Mary Cole
6. Mother's Maiden Name, Mary Miller
7. Mother's Birthplace, Africa
8. Full Name of Father, Benj F. Cole
9. Father's Occupation, Cook
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm Clyde Burns M.D.

Address, 1126 E Fayette St

Remarks, Copy of Birth of Mary A. Cole girl Sdr 8th 20, 0 Co 50

Section. This schedule shall contain a special entry covering the full name of each child, at any sum have been conferred, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and month, and shall set forth as far as the same can be ascertained, the date and place of birth; and the Health. the full name and occupation of its parents, the date and place of the birth of any child been conferred; its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and every month to the office of the Commissioner of Health, or should no other person be in day of each and every month to the office of a physician or practitioner it shall become the duty of the person or parents of such occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such immediately thereafter, in the manner and within the period above required, and dance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 7. 1896
4. Place of Birth, (Street and Number) 646 W. Fayette St
5. Full Name of Mother, Mrs Nora Saunders
6. Mother's Maiden Name, Nora Gallagher
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George H. Saunders
9. Father's Occupation, Works in Pottery
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, B. B. Browne M. D.

Address, 510 Park Ave

Remarks, 8960001504

In case the birth of any child shall be delivered, duly signed by the practitioner, in the presence of Health. In case the person he in said schedule shall be delivered, duly signed by the practitioner, in the office of the Commissioner

RETURN OF A BIRTH. 73392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 25/96
4. *Place of Birth, (Street and Number)* 2 St Paul St
5. *Full Name of Mother,* Mary E. Pellini
6. *Mother's Maiden Name,* Carey
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Fred Pellini
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Dr. B. Billingslea

Address, 1206 E. Preston St

Remarks,

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the practitioner in the form of a certificate between the first and
duly signed by the
said schedule shall be delivered, of the office of the
third day of each and every month to the office of the
shall occur without the attendance of a physician or
attendance upon the mother, immediately thereafter
child to report its birth to the Commissioner of Health
any such person or persons who shall hereafter fail to
jected to the fine of ten (10) dollars for each offence, to
been collected as aforesaid, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001505

GIVEN NAME ADDED 4-1-66

RETURN OF A BIRTH. 73393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Daniel Kurtz Russell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 26/96
4. Place of Birth, (Street and Number) Essex Street Cemetery, Essex St,
5. Full Name of Mother, Elizabeth Russell
6. Mother's Maiden Name, Baker
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Alex Russell
9. Father's Occupation Cemetery assistant Superintendent
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, M. B. Billingsley

Address, 1206 E Preston St

Remarks,

Said Schedule shall be delivered, duly signed by the practitioner in charge, to the Registrar of Vital Statistics. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in charge, to the Registrar of Vital Statistics. In case the birth of any child should occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001506

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

73394

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, April 20th 1896
4. Place of Birth (Street and Number), – Mount St Annex
5. Full Name of Mother, Mabel Mason
6. Mother's Maiden Name, Ross
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Camille Mason
9. Father's Occupation, Wheelwright –
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. L H Mommonier

Address, 634 Gorsuch Av.

Remarks,

1896 000 1507

[illegible] birth, and shall enter [illegible] births which have occurred [illegible] of each child, (if any shall have [illegible]
register of such birth, and shall enter a list of the births which have occurred the full name of each child, (if any shall have the said schedule
This schedule shall contain a list of the births which can be ascertained the full name of each child; and the said schedule
and shall set forth as far as the same can be ascertained the date and place of birth; and the first and third day of
ferred), its sex, color, the full name and occupation of its parents, the date and place of birth of any child shall occur without
shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of
each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without
the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the
mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to
the Commissioner of Health, in the manner and within the period above required, and any such person or persons
who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars
for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers

1896000150[illegible]

RETURN OF A BIRTH 73395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4/5
1. Sex (state whether male or female),	Female
2. Race or Color (if not of the white race),	White
3. Date of Birth,	April 26 96
4. Place of Birth (Street and Number),	- Independence St (annex)
5. Full Name of Mother,	Emma Kidd
6. Mother's Maiden Name,	Crate
7. Mother's Birthplace,	Balto
8. Full Name of Father,	Ferdinand Kidd
9. Father's Occupation,	Policeman
10. Father's Birthplace,	Balto.
Name of Medical Attendant, or other person who makes this Return.	L H Monmonier
Address,	634 Gorsuch Ave.
Remarks,	

The Baltimore Publishing Co., City Printers and Stationers

1896000150 8

The schedule shall contain as far as can be ascertained the full name and place of birth, and the date and place of birth, and the second day of This schedule shall set forth as far as the same can be ascertained of its parents, the date and place of birth, and third day of and shall set forth name and occupation of the form of a certificate between the first and third day of ferred, its sex, color, the full name and occupation in the form of a certificate between the first and third day of shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the person be in attendance upon the the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

Date of Birth, April 1st 1896

Place of Birth, (Street and Number) 925 Elem Place

Full Name of Mother, Lizzie Thomas

Mother's Maiden Name, ..

Mother's Birthplace, St. Mary County Md

Full Name of Father, do not know

9. Father's Occupation, ..

10. Father's Birthplace, ..

Name of Medical Attendant, or other person who makes this Return, J. M. Langlo

Address, 480 W Biddle Street

Remarks,

Health. This schedule shall be filled out as far as the same can be ascertained. The full name of the child, and the month, and shall set forth as far as the same can be ascertained the full name of the child, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, with the provisions of this section shall be subjected to the fine of ten ($10) dollars, and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS

8960001509

RETURN OF A BIRTH. 73397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) -1-

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April - 1 - 1896
4. Place of Birth, (Street and Number) 1024 E. Monument
5. Full Name of Mother, Carrie Puppe
6. Mother's Maiden Name, " Roth
7. Mother's Birthplace, City
8. Full Name of Father, Unknown
9. Father's Occupation "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, P. G. Dauerheim

Address, 1731 E. Balto. st.

Remarks,

8 9 6 0 0 0 1 5 1 0

Wm. J. C. Dulany Co., City Printers and Stationers

This schedule shall contain a list of the births which have occurred since the ... day of ... 1896, and shall have been conferred, duly signed by the practitioner in the form of a certificate between the first and month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have Health. This schedule shall contain a list of the births which have occurred since the ... day of ... 1896, and shall have been conferred, duly signed by the practitioner in the form of a certificate between the first and month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 73398

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Name: Dorothy Holt Emmart

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth*	April 1st 1926
4. *Place of Birth, (Street and Number)*	1512 McCulloh St
5. *Full Name of Mother*	Hattie M. Emmart
6. *Mother's Maiden Name*	Hattie M. Frost
7. *Mother's Birthplace*	Baltimore
8. *Full Name of Father*	Wm H. Emmart
9. *Father's Occupation*	Architect
10. *Father's Birthplace*	Baltimore
Name of Medical Attendant, or other Person who makes this Return.	Amanda J. Tomi, M.D.
Address	871 Harlem Ave
Remarks	

8 9 6 0 0 0 1 5 1 1

at the birth of any child, within the City of Baltimore, shall report to the Registrar thereof, as required by law, thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 73399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* April 1st 1896

4. *Place of Birth, (Street and Number)* 819 Stirling Street

5. *Full Name of Mother,* Bessie Thomas

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John H. Thomas

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Jane West

Address, 834 Stirling Street

Remarks,

Health. [illegible] the full name of each child [illegible] ascertained the same can be ascertained as far as the same can be ascertained, and shall set forth as far as the same can be ascertained the date and place of birth; and the month, and its sex, color, the full name and occupation of its parents, the date and place of birth; been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960001512

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, April 1st. 96

4. Place of Birth, (Street and Number) 106 So. Central Ave.

5. Full Name of Mother, Edith C. Hobbs.

6. Mother's Maiden Name, Wortkamp

7. Mother's Birthplace, Balto.

8. Full Name of Father, Elmer Lee Hobbs.

9. Father's Occupation Machinist

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, J. H. Christian M.D.

Address, 1801 Madison Ave.

Remarks,

8960001513

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, 4/1/96
4. Place of Birth, (Street and Number) No. 633 Duncan place
5. Full Name of Mother, Emmy Grund
6. Mother's Maiden Name, Otto
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Gustav Adolf Grund
9. Father's Occupation Clothing Cutter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L. Groz

Address, No. 1907 E Monument Str

Remarks,

[...] month, and shall set forth as far as the same can be ascertained [...] the date and place of birth, and the [...] month, and shall set forth the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001514

RETURN OF A BIRTH. 73402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 1st
4. Place of Birth, (Street and Number)	14 N. West St.
5. Full Name of Mother,	Sarah Sherry
6. Mother's Maiden Name,	" Goldstein
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Samuel Sherry
9. Father's Occupation,	Store-keeper
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	C. L. Buddenbohn
Address,	418 S. Paca St.
Remarks,	

8966000151 5

Wm J C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth in the same the name and occupation of its parents, the date and place of birth, and the been conferred,) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Cruciner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 1st 1896
4. *Place of Birth, (Street and Number)* 1524 Boyle st.
5. *Full Name of Mother,* Carolina Smith
6. *Mother's Maiden Name,* Welder
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* August Smith
9. *Father's Occupation* Workmann
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Carolina Schwartz

Address, 934 S Fo[illegible]

Remarks,

8960001516

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 12th
4. *Place of Birth, (Street and Number)*	1606 N. Regester St
5. *Full Name of Mother,*	Annie Elizabeth Berndt
6. *Mother's Maiden Name,*	" Korther
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Chas. F. W. Berndt
9. *Father's Occupation*	Bricklayer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Wm J. Watson
Address,	1519 N. Broadway
Remarks,	

8960001517

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN BIRTH NO. 10-17-63

RETURN OF A BIRTH. 73405

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Rose Shain

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.)

1. *Sex*, (state ~~whether male or~~ female)
2. *Race* ~~or Color~~, (~~if not of the white race~~)
3. *Date of Birth*, April 1 1896
4. *Place of Birth*, (Street and Number) 628 Light St
5. *Full Name of Mother*, Sarah Shain
6. *Mother's Maiden Name*, Zelen
7. *Mother's Birthplace*, Russia
8. *Full Name of Father*, B. Shain
9. *Father's Occupation* Merchant
10. *Father's Birthplace*, Russia

Name of Medical Attendant, or other person who makes this Return, Henry A Lamb M.D.

Address, 622 Hanover St

Remarks,

8960001518

month, and shall state its sex, color, the full name and occupation of its parents, the date of a certificate between the first and been conferred, shall be delivered, only signed by the practitioner in the form of Health, or si said day of each and attendance immediately thereafter, in the manner of midwifery, or th third day of without the mother, immediately thereafter fail to comply with the provisions of this section shall be recovered as other fines and forfeitures are recoverable. shall occur upon birth to the Commissioner of Health, to be recovered as other offence, attendance report its persons who shall for each child to person of ten (10) dollars any such fine of ten (10) dollars for each jected to the

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-31-64

RETURN OF A BIRTH. 73406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Rebecca Shawn

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second -

1. Sex, (state whether male or female) Female -
2. Race or Color, (if not of the white race) White -
3. Date of Birth, April 1. 1896. 10.15 A.M.
4. Place of Birth, (Street and Number) 1803 W. Mulberry st -
5. Full Name of Mother, Mary Shawn -
6. Mother's Maiden Name, Mary Gale -
7. Mother's Birthplace, Eastern Shore, Md.
8. Full Name of Father, Richard Shawn -
9. Father's Occupation Traveling Salesman -
10. Father's Birthplace, Eastern Shore, Md -

Name of Medical Attendant, or other person who makes this Return, E. N. Holbrook) Ma. D.

Address, 714 N. Carey st -

Remarks,

8960001519

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...birth, the sex, color, the full name and occupation of its parents, the date and place of its birth, and whether (and if so, when) its parents have been married, and whether the child be the first and only issue of the marriage, or the first, second, third, or other issue of the marriage, and whether the first and other children, if any, are living, and whether twins or other plural births have been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth and been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, April th 1896
4. Place of Birth, (Street and Number) Peach Alley No 120
5. Full Name of Mother, Hanner Hight
6. Mother's Maiden Name, Hanner Bondr
7. Mother's Birthplace, Colbert County
8. Full Name of Father, george Bondr
9. Father's Occupation, Labour
10. Father's Birthplace, Colbert County

Name of Medical Attendant, or other person who makes this Return, Baidgit Hunt

Address, 111 west Fluvg st

Remarks, full 9 months

8960001520

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month, and shall set forth as far as the same can be ascertained the name and occupation of its parents, the date and place of birth of the child, and whether it was the first and been conferred). Its sex, color, the full name and occupation of its parents, the date and place of birth of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73408

GIVEN NAME ADDED 8-7-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Oliver Thompson 2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 1" 1890
4. Place of Birth, (Street and Number) 114 Stafford St
5. Full Name of Mother, Blanche Thompson
6. Mother's Maiden Name, Blanche Russell
7. Mother's Birthplace, Balto Co
8. Full Name of Father, Chas W. Thompson
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other person who makes this Return, L.H. Gundry M.D. #931 Ford Ave.

Address,

Remarks,

I 8960001521 I

Wm J C. Dulany Co., City Printers and Stationers.

The full name and occupation of the parents of each child born in the City of Baltimore, and the date and place (street and number) of its birth, sex, color, the full name and occupation of the parents, and whether the first and only child born, or twin, triplet, or other plural birth, and the order of birth of each child (if not the only child born) shall be entered on the certificate of birth (in the form of a certificate between the first and second lines hereof) which shall be delivered to the person in charge of the premises where the birth occurred, or to the parent of such child, within three days after the birth has been conferred, duly signed by the practitioner in the form of a certificate between the first and second lines hereof. In case the birth of any child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 2
4. Place of Birth, (Street and Number) #2221 Eastern Ave
5. Full Name of Mother, Lizzie Apple
6. Mother's Maiden Name, Lizzie Pundick
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Apple
9. Father's Occupation Moulder
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mary A. Perfner

Address, #24 S. Chester st.

Remarks,

8960001522

month, and shall set forth as far as the same can be ascertained, the ... of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

over

73410

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Donald C. ~~Henrick~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W.
3. Date of Birth, 2 Apl. 1896.
4. Place of Birth, (Street and Number) 713 W. Lanvale St,
5. Full Name of Mother, N. Virginia Henrick,
6. Mother's Maiden Name, Carroll,
7. Mother's Birthplace, Balto. City,
8. Full Name of Father, C. George Henrick.
9. Father's Occupation, Clerk,
10. Father's Birthplace, Balto. City,

Name of Medical Attendant, or other person who makes this Return. J. T. Engle M. D.

Address, 1007 W. Lanvale

Remarks,

8960001523

... month, and shall set forth as far as the same can be ascertained, the date and place of birth, and the month, and shall set forth as far as the same can be ascertained, its parents, the date and place of birth, and the ... been conferred) its sex, color, the full name and occupation of its parents, ... between the first and ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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GIVEN NAME ADDED 5-13-57

RETURN OF A BIRTH. 73411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Joseph Herman Schaefer 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April - 2 - 1896
4. Place of Birth, (Street and Number) 2005 Fairmount Ave
5. Full Name of Mother, Josephine Schaefer
6. Mother's Maiden Name, " Warns
7. Mother's Birthplace, City
8. Full Name of Father, Jno. Schaefer
9. Father's Occupation Baker
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, P. E. Dauschkund

Address, 1731 E. Balto. st.

Remarks,

8960001524

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This [illegible] can be ascertained the full name of each child, if any, and the same can be ascertained as far as the same can be ascertained the full name of each child, if any, and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* 4/2/96
4. *Place of Birth, (Street and Number)* No 510 Hughes Str
5. *Full Name of Mother,* Katie Hennick
6. *Mother's Maiden Name,* Keebler
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Francis Hennick
9. *Father's Occupation* Labour
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross

Address, No 1907 E Monument Ave.

Remarks,

month, and shall specify the full name and occupation of its parents, the color, the full name and occupation of its parents, the color, the full name and occupation of its parents, the color,

RETURN OF A BIRTH. 73413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, April the 2 1896
4. Place of Birth, (Street and Number) Henry st 115
5. Full Name of Mother, Anne watts
6. Mother's Maiden Name, Angie robison
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William robison
9. Father's Occupation, labarer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Bridgeit Hunt

Address, 111 west Hurey st

Remarks, full 9 months

8960001526

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Health. This Return is to be filled out as far as the same can be ascertained, and the date and place of birth; and the month, and shall set forth as far as known the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred its sex, color, the full name and the practitioner in attendance upon the birth of any child month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the office of or practitioner in the form of a certificate the birth of any child been conferred its sex, color, the full name and the practitioner in attendance upon the birth of any child month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the office of or practitioner in the form of a certificate the birth of any child third day of each and every month to a physician or other person in attendance upon the birth of any child said schedule shall be delivered, duly signed by the office of or practitioner in the form of a certificate the birth of any child shall occur without the attendance of a physician or other person in attendance upon the birth of any child third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or other person in attendance upon the birth of any child shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 73414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second.

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* March 2nd.
4. *Place of Birth, (Street and Number)* 1332 West St.
5. *Full Name of Mother,* Sophie McLaine.
6. *Mother's Maiden Name,* Sophie Lind.
7. *Mother's Birthplace,* Baltimore City.
8. *Full Name of Father,* Isaac E. McLaine.
9. *Father's Occupation* Traveling Agent.
10. *Father's Birthplace,* Somerset Co. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Wooden.

Address, 1000 Hoffman St.

Remarks,

8960001527

Wm. J. C. Dulany Co,. City Printers and Stationers.

been entered its sex, color and the names by the practitioner in the form of a certificate delivered, duly signed by the practitioner in case the birth of any child said schedule shall be delivered, duly signed by the practitioner in case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73415

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) — 7 —

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, April - 2 - 1896
4. Place of Birth, (Street and Number) 2220 Orleans st.
5. Full Name of Mother, Maggie Gunselman
6. Mother's Maiden Name, " Dietz
7. Mother's Birthplace, City
8. Full Name of Father, George Gunselman
9. Father's Occupation Butcher
10. Father's Birthplace, ~~City~~ Germany

Name of Medical Attendant, or other person who makes this Return P. L. Dauschlund

Address, 1731 E. Baltimore st

Remarks,

8960001528

month, and shall state the full name and occupation of its parents, the date and place of birth, and whether (if born alive) its sex, color, the full name and occupation of its parents, the date and place of birth, and whether the first and been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and whether the first and been conferred, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 2, 1826

4. *Place of Birth, (Street and Number)* 213 East Fort Ave

5. *Full Name of Mother,* Mary M Stanley

6. *Mother's Maiden Name,* Pierce

7. *Mother's Birthplace,* Prince Georges County

8. *Full Name of Father,* Stanley

9. *Father's Occupation* Waterman

10. *Father's Birthplace,* Prince George County

Name of Medical Attendant, or other person who makes this Return, H P Harris

Address, 124 Piney St

Remarks,

1 8 9 6 0 0 0 1 5 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred its sex, color, the particulars required by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and residence of the parent in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colord
3. *Date of Birth,*	April 2nd 1896
4. *Place of Birth, (Street and Number)*	124 Hewes Street
5. *Full Name of Mother,*	Mary Bradford
6. *Mother's Maiden Name,*	Mary Nelson
7. *Mother's Birthplace,*	King William County Va
8. *Full Name of Father,*	Moses Bradford
9. *Father's Occupation*	labore
10. *Father's Birthplace,*	Richmond. Va
Name of Medical Attendant, or other person who makes this Return,	Mary Maker
Address,	No. 11 W. York Street
Remarks,	J. H. Monroe No. 11 W. York Street

1896000 1530

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child William Herlth 3rd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 2nd 1896
4. Place of Birth, (Street and Number) 732 Fort Ave
5. Full Name of Mother, Mary Hett
6. Mother's Maiden Name, Stein Schuler
7. Mother's Birthplace, Germany
8. Full Name of Father, Ernst Hebb Herlth
9. Father's Occupation Dairy
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Lehmann

Address, 434 E. Fort Ave

Remarks,

8960001531

been conferred) its sex, color, the full name by the practitioner in the form prescribed by the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of midwifery, or the person or parents of such shall occur without the mother, immediately thereafter it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

73419

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

... month, and shall set forth as far as the same can be ... and occupation of its parents, the date and place of birth, ... month, conferred) its sex, color, the full name and occupation of its parents, the date and ... between the first and ... been conferred) its sex, color, the full name and occupation of its parents, ... signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate ... birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apl 3d 1896
4. Place of Birth, (Street and Number) 113 Dolphin St
5. Full Name of Mother, Mary Jane Colley
6. Mother's Maiden Name, Mary Jane Aherg
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Richard J Colley
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Albert K Hadel MD

Address, 1143 Park ave

Remarks,

8960001532

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RETURN OF A BIRTH. 73420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	The 20 of April 1896
4. *Place of Birth, (Street and Number)*	No 603 Madison St.
5. *Full Name of Mother,*	Sarah Marsh
6. *Mother's Maiden Name,*	Sarah Ridgley
7. *Mother's Birthplace,*	Baltimore Co.
8. *Full Name of Father,*	Wesley Marsh
9. *Father's Occupation*	Railroading
10. *Father's Birthplace,*	Harford Co.
Name of Medical Attendant, or other person who makes this Return,	Mrs Ch. Lawn
Address,	No 1059 Harford Ave
Remarks,	Bal. Md
	1896

8960001533

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as the name and occupation of its parents, the date and place of the first and been conferred; its sex, color, the full name and occupation in the form of a certificate between the said schedule shall be delivered, duly signed by the practitioner in the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73421

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 3 96
4. Place of Birth, (Street and Number) 317 Union St.
5. Full Name of Mother, Lena Reger
6. Mother's Maiden Name, " Bierich
7. Mother's Birthplace, Germany
8. Full Name of Father, John Reger
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, C. L. Baldwin M.D.

Address, 418 S. Paca St.

Remarks,

8960001534

Wm. J. C. Dulany Co., City Printers and Stationers.

In case the birth of any child shall occur without the attendance of a physician or practitioner in the first above required, and shall be delivered, duly signed by the practitioner in the manner and within the period above required, and shall be subscribed to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health, or should no other person or parents of such shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73422

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 3rd 1896
4. *Place of Birth, (Street and Number)* 929 S Wolf Street
5. *Full Name of Mother,* Barbara Hennecke
6. *Mother's Maiden Name,* Beck
7. *Mother's Birthplace,* Hanover Pennsylvania
8. *Full Name of Father,* Frederick Hennecke
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Wm H C Donovan Co

Address, 1103 Cullens Street

Remarks,

8960001535

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the name and residence of the parent, and such other information as may be required by the practitioner in the form of a certificate to be given by him. In case the birth of any child shall occur without the attendance of a physician or practitioner, the certificate shall be signed by the parent or parents of such child, and delivered, duly signed by the practitioner in the form of a certificate to be given by him. In case the birth of any child said schedule shall be every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and third day of each and every thereafter it shall become the duty of the midwifery, or should no or parents of such shall occur without the attendance of a physician or practitioner it shall become the duty of the person above required, and attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, with the provisions of this section shall be subject any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth [illegible] the full name and occupation of its parents, [illegible] between the first and
been conferred) its sex, color, the full name and occupation of its parents, the practitioner in the form of a certificate In case the birth of any child
said schedule shall be delivered, duly signed by the practitioner Commissioner of Health. should no other person be in
third day of each and every month to the office of the Commissioner of midwifery, or the person or parents of such
shall occur without the attendance of a physician or practioner of it shall become the duty of the period above required, and
attendance upon the mother, immediately thereafter in the manner and within the provisions of this section shall be sub-
child to report its birth to the Commissioner of Health, in comply with the forfeitures are recoverable.
any such person or persons who shall hereafter fail to be recovered as other fines and
jected to the fine of ten (10) dollars for each offence, to

RETURN OF A BIRTH. 73423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child.

1. *Sex, (state whether male or female)* Male Child.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* Saturday April 4th 1896.
4. *Place of Birth, (Street and Number)* 1306 Mewbrin st.
5. *Full Name of Mother,* Florence T. Aydlett.
6. *Mother's Maiden Name,* Florence T. Williams
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* John Aydlett.
9. *Father's Occupation* Cook.
10. *Father's Birthplace,* Pocomoke City

Name of Medical Attendant, or other person who makes this Return. Caroline Patterson.

Address, 419 Lewis St.

Remarks, Doing well as can Respect.

8960001536

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth [illegible] its parents, the date [illegible] been conferred) its sex, color, the full name and occupation of its parents, the date [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colter.
3. *Date of Birth,* april 4
4. *Place of Birth, (Street and Number)* 816 F Peek alley
5. *Full Name of Mother,* Estella Daniel
6. *Mother's Maiden Name,* Estella Wilson
7. *Mother's Birthplace,* Eston Shore M.D.
8. *Full Name of Father,* William Wilson
9. *Father's Occupation* laber
10. *Father's Birthplace,* Baltimore M.D.

Name of Medical Attendant, or other person who makes this Return, Mary. Maker.

Address, 11 York St

Remarks, Annie Batler

141 Montgomry St

1896000001537

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73425

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5. Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born April 4th 1896
4. *Place of Birth, (Street and Number)*	#102 Browns Lane
5. *Full Name of Mother,*	Mrs. Maggie Baader
6. *Mother's Maiden Name,*	Miss " Meyer
7. *Mother's Birthplace,*	Bayern. Germany
8. *Full Name of Father,*	Rudolph Baader
9. *Father's Occupation*	Mount Clare
10. *Father's Birthplace,*	Bayern Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. Hiller
Address,	#2008 Mc Henry St
Remarks,	

8960001538

month, and must state the sex, color, the full name and occupation of the parents of such child, and the date and place of birth, and the name of the physician or midwife by whom delivered, if any such have been conferred.) its sex, color, the full name and occupation in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner or midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 4 1896
4. *Place of Birth, (Street and Number)* 250 S. Eden St.
5. *Full Name of Mother,* Sarah Miller
6. *Mother's Maiden Name,* Sarah Mankovitch
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Louis Miller
9. *Father's Occupation* Grocery Store
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finelberg

Address, 97 Lloyd St

Remarks,

1896000001539

been conferred, its sex, color, the full name and occupation of the parents, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male -
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 4, 1896. 7.35 P.M.
4. Place of Birth, (Street and Number) 895 Park ave.
5. Full Name of Mother, Pearle Bates Doty -
6. Mother's Maiden Name, Pearle Bates
7. Mother's Birthplace, Ohio
8. Full Name of Father, Harry A. Doty
9. Father's Occupation
10. Father's Birthplace, South Carolina -

Name of Medical Attendant, or other person who makes this Return, E. H. Holbrook, M. D.

Address, 714 N. Carey st.

Remarks,

1896 00 015 40

Wm. J. C. Dulany Co., City Printers and Stationers.

mother, and the child's sex, color, the full name and occupation of the father, as far as the same shall have been conferred; its sex, color, the full name and occupation in the form of a certificate between the said parties said schedule shall be delivered, duly signed by the practitioner in the case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 6th 1892
4. Place of Birth, (Street and Number) 722 Guilford Ave
5. Full Name of Mother, Florence Smith
6. Mother's Maiden Name, Gibson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Smith
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, S P Harrington

Address, 922 Guilford Ave

Remarks,

been conferred) its sex, color, the full name of the parents, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter mentioned, to the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

8960001541

RETURN OF A BIRTH. 73429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) —

3. Date of Birth, 4/5/96

4. Place of Birth, (Street and Number) No 508 N Chester Str

5. Full Name of Mother, Emma A. Geiwitz

6. Mother's Maiden Name, Grunwitz

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Hans Geiwitz

9. Father's Occupation Farm Jobber

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross.

Address, No 1907 E Monument Str.

Remarks,

been conferred) its sex, color, the full name [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate [illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001542

RETURN OF A BIRTH. 73430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 5th 1896.
4. *Place of Birth, (Street and Number)* Short Street
5. *Full Name of Mother,* Minnie Gilliage
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Wilson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Jane West

Address, 834 Sterling

Remarks,

month, and shall set forth such [illegible] name and occupation of its parents, the date and [illegible] been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960001543

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5 Th
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 5th 1896
4. *Place of Birth, (Street and Number)*	128 Schmidt st
5. *Full Name of Mother,*	Lottie Reed
6. *Mother's Maiden Name,*	Flunders
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Samuel Reed
9. *Father's Occupation*	P. Workman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Carolina Schwartz
Address,	484 S Fort Ave
Remarks,	

1896000001544

month, and shall set forth the full name and occupation of its parents, the form of a certificate between the first child been conferred) its sex, color, the full name and occupation of its parents, the form of a certificate between the first child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 73431

To the Office of Registrar of Vital Statistics, Board of Health:

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white ~~race~~) Irish
3. Date of Birth, April 5 1896
4. Place of Birth, (Street and Number) 1400 Division St
5. Full Name of Mother, Mary Minnie.
6. Mother's Maiden Name, Oneil
7. Mother's Birthplace, Ireland
8. Full Name of Father, Thomas Minnie
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other Person who makes this Return, Pearce Kintzing MD

Address, 412 N Greene St

Remarks,

B 4 6 0 0 0 0 1 5 4 5

within six days thereafter, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 73433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4'5
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	April 5th "
4. *Place of Birth, (Street and Number)*	1305 Monument St
5. *Full Name of Mother,*	Elizabeth Fisher
6. *Mother's Maiden Name,*	" Giles
7. *Mother's Birthplace,*	Harford County
8. *Full Name of Father,*	Edward Fisher
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mary Tibbs
Address,	914 Clifton Place
Remarks,	None.

8960001546

Rule. The name shall be the same as the surname of its parents, the date and place of birth, and shall set forth as far as the same can be ascertained the first and month, and shall set forth as far as the same can be ascertained the first and full name and occupation in the form of a certificate between the birth of any child been conferred, its sex, color, the full name and occupation in the form of a certificate between the birth of any child said schedule shall be delivered, duly signed by the practitioner in case the birth of any child said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child to the office of the Commissioner of midwifery, or should no other person be in said schedule and every month to the office of the Commissioner of midwifery, or should no other person be in said schedule and every month to the office of the physician or practitioner of the duty of the person or parents of such third day of each and every month to the attendance of a physician or practitioner of the duty of the person or parents of such third day of each and every month to the attendance of a physician or practitioner of the duty of the person or parents of such shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 73434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 female

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, April 5 1900
4. Place of Birth, (Street and Number) 1512 booth strut city
5. Full Name of Mother, fanny wright
6. Mother's Maiden Name, fanny ford
7. Mother's Birthplace, albamaie co va
8. Full Name of Father, willis wright
9. Father's Occupation, labor
10. Father's Birthplace, Prince geroge md

Name of Medical Attendant, or other person who makes this Return, mrs carrie Reed

Address, No 414 parrish alley city

Remarks,

8 7 6 0 0 0 1 5 4 7

been conferred. The sex, color, etc., of each child born alive shall be stated in the return. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form prescribed by the Commissioner of Health. In case no physician or practitioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health, or should no other person or parents of such shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance, upon the mother, immediately thereafter it shall become the duty of the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, 4/5/96
4. Place of Birth, (Street and Number) 614 2010 McC & Eden Sts
5. Full Name of Mother, Louisa Neuenzel
6. Mother's Maiden Name, Coashu
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Neuenzel
9. Father's Occupation Teacher of Music
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gross.

Address, No. 1907 E Monument Ste

Remarks,

been conferred its sex, color, the full name and occ... in the form of a certificate to which the ... said schedule shall be delivered, duly signed by the practitioner or midwife, or should no other person be in third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001548

RETURN OF A BIRTH. 73436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 and

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) —

3. Date of Birth, 4/5/96

4. Place of Birth, (Street and Number) № 623 Duncan place

5. Full Name of Mother, Margaie Schachner

6. Mother's Maiden Name, Mill

7. Mother's Birthplace, Germany

8. Full Name of Father, Fredrik Schachner

9. Father's Occupation Tanner

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gens.

Address, № 1907 E Monument St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers

8960001549

...been conferred) its sex, color, the full name and occupation in the form of a certificate herein, the birth of any child ...been delivered, duly signed by the practitioner in the form of a certificate to the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child said schedule shall be delivered at the office of the Commissioner of midwifery, or should no other person be in third day of each and every month to the office or practioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Nd

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 6th 1876
4. Place of Birth, (Street and Number) 1814 Johnsonst
5. Full Name of Mother, Eva Marie Koegel
6. Mother's Maiden Name, Mary Keygel
7. Mother's Birthplace, Bayer Boss
8. Full Name of Father, Peter (Keygle) Koegel
9. Father's Occupation, Workman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwartz

Address, 43 E Fort Ave

Remarks,

8460001550

Wm. J. C. Dulany Co., City Printers and Stationers.

The full name and occupation of the father of any child born out of wedlock, and the sex, color, the full name and occupation in the form of a certificate between the date of birth of any child been conferred) its sex, color, the full name and occupation of the practitioner in the form of a certificate between the date of birth of any child been conferred, duly signed by the practitioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

mouth, and shall set forth in the full name and occupation of its parents. On the receipt of a certificate between the first and been conferred) its sex, color, the full name and occupation of its parents. On the receipt of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6.
1. *Sex, (state whether male or female)*	Boy.
2. *Race or Color, (if not of the white race)*	white.
3. *Date of Birth,*	6 April.
4. *Place of Birth, (Street and Number)*	N. 1919 Fairmount. st.
5. *Full Name of Mother,*	Mary Fischer.
6. *Mother's Maiden Name,*	Mary Arnold.
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	Philipp Fischer.
9. *Father's Occupation*	Baker.
10. *Father's Birthplace,*	Germany.
Name of Medical Attendant, or other person who makes this Return,	Mary Hess.
Address,	N. 9. N. Wolfe. Street.
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers

8960001551

RETURN OF A BIRTH. 73439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	No. 2.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	April 6th 1896
4. *Place of Birth, (Street and Number)*	1504 Franklin st
5. *Full Name of Mother,*	Mary Lee Murphy
6. *Mother's Maiden Name,*	" " Blair
7. *Mother's Birthplace,*	Balto city
8. *Full Name of Father,*	Arthur J Murphy
9. *Father's Occupation*	Mariner
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return,	J. Ridgway André M.D
Address,	1128 E Balto st
Remarks,	

1896000001552

month, and shall set forth in such return the name and occupation of its parents, the date and place of birth, the first and full name, sex, color, the full name and occupation of its parents, the date and place of marriage, and whether the first and been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of such child, it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 6 1896
4. *Place of Birth, (Street and Number)* 236 S. Eden St
5. *Full Name of Mother,* Pearl Draper
6. *Mother's Maiden Name,* P. Pearlman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Abraham Draper
9. *Father's Occupation* Capmaker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finelus

Address, 27 Lloyd St.

Remarks,

been conferred) its sex, color, the full name and occupation of the parents of such child, and the place of birth, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1896000 1553

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED -11/9/71

RETURN OF A BIRTH. 73441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: HENRY AUGUST HELMBOLD

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6. Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* Born April 6th 1896
4. *Place of Birth, (Street and Number)* #1823 Lemon St.
5. *Full Name of Mother,* Mrs. Augusta Helmbold
6. *Mother's Maiden Name,* Miss. " Zeutgraf
7. *Mother's Birthplace,* Saxon Germany
8. *Full Name of Father,* Adolph Helmbold
9. *Father's Occupation* Tanry
10. *Father's Birthplace,* Saxon Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Hiller

Address, #2008 McHenry St

Remarks, Filed: 1896

8960001554

[illegible] been conferred) its sex, color, the [illegible] practitioner in the form of a certificate [illegible] said schedule shall be delivered, duly signed by the [illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 6.
4. *Place of Birth, (Street and Number)*	#515 Madeira St.
5. *Full Name of Mother,*	Maggie Katz
6. *Mother's Maiden Name,*	Maggie Detterman
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	George Katz
9. *Father's Occupation*	Tatoer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mary A. Putzger
Address,	#241 S. Chester st.
Remarks,	

1896 0001555

been conferred its sex, color, the full name and occupation of the parents, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73443

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 6th 1846
4. Place of Birth, (Street and Number) 1627. Race. St
5. Full Name of Mother, Louise. zimmerman
6. Mother's Maiden Name, Louise. hipchen
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob. zimmerman
9. Father's Occupation, Moterman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Ellenora. a. anderson

Address, 1434 Patapsco. St

Remarks,

8960001556

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of the parents, and such other information as may be required in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 73444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred. Its sex, color, the full name of the parents, etc., shall be given. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate as above, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 9th 1896
4. *Place of Birth, (Street and Number)* 1809 Lanman st
5. *Full Name of Mother,* Annie Robertson
6. *Mother's Maiden Name,* Essex Co Va.
7. *Mother's Birthplace,* Henry Smith
8. *Full Name of Father,* Lewis Turner
9. *Father's Occupation* Ivory Carver
10. *Father's Birthplace,* Ontario Canada

Name of Medical Attendant, or other person who makes this Return. Ontario Hospital

Address, 1809 Lanman st

Remarks, Week Early

18960001557

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 7th 1926
4. *Place of Birth, (Street and Number)* 2 S. Wolfe Street
5. *Full Name of Mother,* Mary Schumann
6. *Mother's Maiden Name,* " Martin
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* William Schumann
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Hannah E/ Moore

Address, 1103 Orleans Street

Remarks,

8960901553

been conferred, its sex, date, and place of birth, the name of the mother, and the name and occupation of the father of such child, which certificate shall be signed by the practitioner in the form of a certificate to be furnished by the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to be furnished by the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner or midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in third day of each and every month to the office of a physician or practioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner the duty of the person or parents of such shall occur without the attendance of a physician or practioner the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become and within the period above required, and attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be sub- child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 7 1896
4. Place of Birth, (Street and Number) 2042 Orleans Street
5. Full Name of Mother, Mary Bray
6. Mother's Maiden Name, Mary Taylor
7. Mother's Birthplace, Virginia
8. Full Name of Father, Albert Bray
9. Father's Occupation, Painter
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin M D

Address, Johns Hopkins Hospital

Remarks,

1896 0001559

Said schedule shall be delivered, duly signed by the practitioner in the case of a physician, to the Registrar of Vital Statistics of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the case of a physician, to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH, 73447

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Negro
3. *Date of Birth* April 5. 1896
4. *Place of Birth, (Street and Number)* 701 Baker St
5. *Full Name of Mother* Mary A. Wilson
6. *Mother's Maiden Name* " " Baggett
7. *Mother's Birthplace* Washington DC
8. *Full Name of Father* Robt Wilson
9. *Father's Occupation* Ex Mayor LaFayette Sqt.
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return. W.M. Lewis MD

Address 1213 Patterson ave

Remarks

1896000156 0

at the birth of any child, within the city, to report the name, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 73448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr 9- 1896
4. Place of Birth, (Street and Number) #713 Madison ave Waverly
5. Full Name of Mother, Cornetia A. Glenn
6. Mother's Maiden Name, " " Miller
7. Mother's Birthplace, Virginia
8. Full Name of Father, Charles H Glenn
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R G Rankin M D

Address, 811 Jefferson Ave Waverly Baltimore

Remarks,

8960001561

Wm. J. C. Dulany Co., City Printers and Stationers.

(Another person in the form of a certificate between the first and ... been conferred) its sex, color, the full name and occupation of ... said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Thursday 9th 1890
4. Place of Birth, (Street and Number) No 11 N. Wolfe st
5. Full Name of Mother, Dora Pulst
6. Mother's Maiden Name, Rehman
7. Mother's Birthplace, Germany
8. Full Name of Father, Charl Pulst
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Louisa Schwartz

Address, 434 E Fort Ave

Remarks,

8760001562

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 4-9-1896
4. Place of Birth, (Street and Number) 114 S. Chapel St
5. Full Name of Mother, Martha Reid
6. Mother's Maiden Name, Martha Carter
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, James Reid
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 719 Lanvale St

Remarks, Living well

(been conferred) its sex, color, the full name and occupation in the form of a certificate between the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the said third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960001563

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73451

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	fifth
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 7 -
4. *Place of Birth, (Street and Number)*	2039 E. north ave -
5. *Full Name of Mother,*	Ida B Kaufman
6. *Mother's Maiden Name,*	Millis
7. *Mother's Birthplace,*	Balto. Co. -
8. *Full Name of Father,*	Harry D. Kaufman
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Wm J. Watson
Address,	1519 N. Broadway
Remarks,	

8960001564

Wm. J. C. Dulany Co., City Printers and Stationers.

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 9th 1926
4. Place of Birth, (Street and Number) 2403 Orleans Street near Port
5. Full Name of Mother, Jennie May Proller
6. Mother's Maiden Name, Balto.
7. Mother's Birthplace, John May
8. Full Name of Father, Works in the Power House
9. Father's Occupation Balto.
10. Father's Birthplace, Mrs Knowles (Hannah E)

Name of Medical Attendant, or other person who makes this Return, 2403 Orleans Street

Address,

Remarks,

8 Y 6 0 0 0 1 5 6 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Been committed to the [illegible] duly signed by the practitioner in attendance. In case the birth of any child said schedule shall be delivered by the practitioner to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 73453

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

born, its or their physical condition, whether still born or not, the full name, date, etc., and of the parents, and the maiden name of the mother of such child or children."

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, April 10th 1896
4. Place of Birth, (Street and Number) 790 Mulberry St
5. Full Name of Mother, Mary Daffran
6. Mother's Maiden Name, " Imwold.
7. Mother's Birthplace, Balto
8. Full Name of Father, John Daffran
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other Person who makes this Return Pearce Kintzing M.D

Address, 424 N Greene St

Remarks, Loa - Forceps

BV 60001566

M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED, 1-31-55

RETURN OF A BIRTH. 73454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frank Mary

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Apr 7/86
4. *Place of Birth, (Street and Number)*	1312 Mc. Henry St
5. *Full Name of Mother,*	Ella Neary
6. *Mother's Maiden Name,*	Ristut
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Wm Neary
9. *Father's Occupation*	
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return.	Mrs Dorn
Address,	1310 W. Pratt St
Remarks,	

8 9 6 0 0 0 1 5 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

been delivered, duly signed by the practitioner in charge, to the Commissioner of Health. In case the birth of any child said schedule shall be delivered to the office of the Commissioner of Health, or should no other person be in third day of each and every month to the office of or practioner of midwifery, or of the person or parents of such shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73455

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first Baby

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, April 1st
4. Place of Birth, (Street and Number) 1520 Riggs Av
5. Full Name of Mother, Rosa R Nelson
6. Mother's Maiden Name, Rosa R Wood
7. Mother's Birthplace, St marys County Md
8. Full Name of Father, Daniel Nelson
9. Father's Occupation Water
10. Father's Birthplace, St marys County Md

Name of Medical Attendant, or other person who makes this Return, Marion Jones

Address, 1331 Walbut St

Remarks,

8960001568

Wm. C. Dulany Co., City Printers and Stationers.

...conferred) its sex, color, the full name and ... practitioner in the form of a certificate ... of any child been conferred, duly signed by the practitioner in the form of a certificate delivered to the said schedule shall be delivered, duly signed by the practitioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) ~~female~~ male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 3rd 1899
4. Place of Birth, (Street and Number) No. 576 Frederick Ave
5. Full Name of Mother, Mary Lichtenberg
6. Mother's Maiden Name, Mary Felger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Lichtenberg
9. Father's Occupation Teamster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8960001569

been conferred) its sex, color, the particulars required by the practitioner in the form of a certificate of the birth of any child to be signed by the practitioner in the form of a certificate of the birth of any child born in said city, which certificate shall be delivered, duly signed by the practitioner in the form of a certificate of the birth of any child said schedule shall be delivered every month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such shall occur without the attendance of a physician or practioner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 73457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Meale
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 5th 1895
4. Place of Birth, (Street and Number) 822 N. Caroline St
5. Full Name of Mother, Lily Welch Rossiter
6. Mother's Maiden Name, Lily Welch
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joel J. Rossiter
9. Father's Occupation, Minister
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. John Weems M.D.

Address, 118 E. Franklin St.

Remarks,

1896000001570

Wm. J. C. Dulany & Co., City Printers and Stationers

...month, and shall set forth as far as the same can be ascertained the date and place of birth, sex and ...been conferred) its sex, color, the full name and occupation of its parents, the date and place of their ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-3-58

73458

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Susie Belle Cullison 6 lb.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 6 1896
4. Place of Birth, (Street and Number) 2318 E Pratt St
5. Full Name of Mother, Elizabeth A. Cullison
6. Mother's Maiden Name, " " Wilson
7. Mother's Birthplace, Somerset Co. Md
8. Full Name of Father, Harry C. Cullison
9. Father's Occupation, Mariner
10. Father's Birthplace, St Marys Co. Md

Name of Medical Attendant, or other person who makes this Return, Gus L. Wiehen

Address, 6 N. Broadway

Remarks,

8960001571

Wm J C Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and residence of the parents, and such other information as may be required by the practitioner in the form of a certificate. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner or midwife, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 73459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the city of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; And the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, April 7 1896
4. Place of Birth (Street and Number), 1803 Wolfshave St
5. Full Name of Mother, Maggie Demuth
6. Mother's Maiden Name, " " Meckles
7. Mother's Birthplace, Balto
8. Full Name of Father, John Demuth
9. Father's Occupation, Teamster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. E Donaldson

Address, 1712 Byrd St.

Remarks, Mother in Chicago during Visit

8960001572

The Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 73460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 6 April
4. Place of Birth, (Street and Number) Nicholson st.
5. Full Name of Mother, Annie Kaan
6. Mother's Maiden Name, " Laudenslager
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Hugh Kaan
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. J. Wagner

Address, 1331 Hull st Locust Point

Remarks,

8960001573

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-28-57

RETURN OF A BIRTH. 73461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Vivian Kathaleen Dunkel 9th

1. Sex, (~~state whether male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Apr. 9th 1914
4. Place of Birth, (Street and Number) E. Chan St.
5. Full Name of Mother, Sadie Christina Dunkel
6. Mother's Maiden Name, " " Stifer
7. Mother's Birthplace, Middletown Pa
8. Full Name of Father, John Dunkel
9. Father's Occupation, agent
10. Father's Birthplace, Middletown Pa

Name of Medical Attendant, or other person who makes this Return. Ramon Nichols M.D.

Address, 1439 E Eager

Remarks,

8960001574

Wm J. C. Dulany Co., City Printers and Stationers.

KODAK SAFETY FI

RETURN OF A BIRTH. 73462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Every midwife, physician or practitioner in attendance upon a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 10 April
4. *Place of Birth, (Street and Number)* 1328 Lanvale Ave
5. *Full Name of Mother,* Annie Smith
6. *Mother's Maiden Name,* Lynchy
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Smith
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Asst. Mayfarn

Address, 1331 Linden st Saint Paul

Remarks,

8960001575

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Section 7. Any person whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, April 10 3
4. Place of Birth, (Street and Number) 1421 Fremont St
5. Full Name of Mother, Lizzie Davis
6. Mother's Maiden Name, Lizzie Herbert
7. Mother's Birthplace, Washington D C
8. Full Name of Father, Edward Davis
9. Father's Occupation Sailor
10. Father's Birthplace, Prince Geo Co Md

Name of Medical Attendant, or other person who makes this Return, Maria Jones

Address,

Remarks,

8766 0001576

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 73464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), white
3. Date of Birth, mistake Sparrow post + Mit Estate 10 april
4. Place of Birth (Street and Number), Mary wafers
5. Full Name of Mother, Mary murphy
6. Mother's Maiden Name, Irland
7. Mother's Birthplace, dick wafers
8. Full Name of Father, Molders
9. Father's Occupation, Irland
10. Father's Birthplace, frances Rica

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 6 0 0 0 1 5 7 7

more under whose charge or superintendence a birth shall happen, shall be furnished by the Commissioner of Health. register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been con- ferred, its sex, color, the date and place of birth, and the third day of shall be delivered, duly signed by the practitioner in the form of a certificate upon the each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or parents of such child to report its birth to mother, immediately thereafter it shall become the duty of the person or persons above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars the Commissioner of Health, in the manner and within the period above required, and any such person or persons for each offence, to be recovered as other fines and forfeitures are recoverable.

The Baltimore Publishing Co., City Printers and Stationers.

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 3465

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 11th April 1896

4. *Place of Birth, (Street and Number)* Baltimore MD 421 Bond St

5. *Full Name of Mother,* Rosa Lobaker

6. *Mother's Maiden Name,* " Dekaiser

7. *Mother's Birthplace,* Germany Pa

8. *Full Name of Father,* Stanislaus Potaski

9. *Father's Occupation* Blacksmith

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Wm Max Fearing

Address, 414 S Stricker St Baltimore MD

Remarks, Mother and Child are doing well

8960001578

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, April. 11. 1896.
4. Place of Birth, (Street and Number) 728 S. Charles St.
5. Full Name of Mother, Beckie Mawlman.
6. Mother's Maiden Name, Beckie Lozeries.
7. Mother's Birthplace, Russia.
8. Full Name of Father, Frank Mawlman.
9. Father's Occupation, Merchant Tailor.
10. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return, Dr. W. Rubinstein

Address, No 105 W. Barre St.

Remarks,

8960001579

Wm J C. Dulany Co., City Printers and Stationers.

Register of such births, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-26-59

RETURN OF A BIRTH.

3467

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

That any physician, accoucheur, midwife, or other person in charge, who shall attend, assist or advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

Frank Briscoe Bready

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth April 11th " 1896

4. Place of Birth (Street and Number) #1427 Winchester St.

5. Full Name of Mother Adele Bready

6. Mother's Maiden Name " Seim

7. Mother's Birthplace Baltimore Md

8. Full Name of Father Frank B. Bready

9. Father's Occupation Mechanic

10. Father's Birthplace Baltimore Md

Name of Medical Attendant, or other Person who makes this Return. J. Ridgely Hammond M.D.

Address #502 N. Carey st.

Remarks

issued for U.S.M. corps Enlistment 4/13/17

8960001580

RETURN OF A BIRTH. 73468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug 7 1896
4. *Place of Birth, (Street and Number)* 1411 Pinson Alley
5. *Full Name of Mother,* Cassandra Board
6. *Mother's Maiden Name,* Cassandra Jackson
7. *Mother's Birthplace,* St Mary's Co Md
8. *Full Name of Father,* Robert Lee Brown
9. *Father's Occupation* Carman
10. *Father's Birthplace,* Carroll Co Md

Name of Medical Attendant, or other person who makes this Return. Mary Pearce

Address, 1807 Division St

Remarks,

8960001581

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 73469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Baltimore under whose charge or superintendance a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 14" 96
4. *Place of Birth, (Street and Number)*	106 Dolphin St
5. *Full Name of Mother,*	Mary Andrews
6. *Mother's Maiden Name,*	Mary Stevens
7. *Mother's Birthplace,*	England
8. *Full Name of Father,*	Albert Andrews
9. *Father's Occupation,*	Stone mason
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return.	Albert K Hadel MD
Address,	1143 Park ave
Remarks,	

18960001582

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 703470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

The owner of each house is required to enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 1st, 1896.
4. *Place of Birth, (Street and Number)* 27 S Exeter St
5. *Full Name of Mother,* Maria L Feldman
6. *Mother's Maiden Name,* Lenzon
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jake Feldman
9. *Father's Occupation* Presser
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return Mrs L Feldman

Address, 1013 E Lombard St

Remarks,

8960001583

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 1 1916.
4. Place of Birth, (Street and Number) 27 South Eden St.
5. Full Name of Mother, Fannie Cohen.
6. Mother's Maiden Name, Fannie Waltuch
7. Mother's Birthplace, Russia
8. Full Name of Father, Harris Cohen
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. L. Feldman

Address, 613 E. Fairmount St.

Remarks,

8760001584

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 4th 1896
4. *Place of Birth, (Street and Number)* 19 South Exeter St
5. *Full Name of Mother,* Rachel Levinthal
6. *Mother's Maiden Name,* Lurye
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Moses Levinthal
9. *Father's Occupation* Cigars Maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Feldman

Address, 1013 E. Lombard St.

Remarks,

8960001585

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4 April 1896
4. Place of Birth, (Street and Number) 1530 Langaster
5. Full Name of Mother, Katie Doubek
6. Mother's Maiden Name, Aukustinek
7. Mother's Birthplace, Pole
8. Full Name of Father, Valentine Doubek
9. Father's Occupation Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, S. Bond St. 838

Address, Mary Prett

Remarks,

8960001586

register of such births, and shall enter the same of such births, to the date of such entry, in the Commissioner's Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73474

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4 April
4. Place of Birth, (Street and Number) 720 S. Bond St.
5. Full Name of Mother, Mary Kantorskij
6. Mother's Maiden Name, Lewandowska
7. Mother's Birthplace, Pole
8. Full Name of Father, John Kantorskij
9. Father's Occupation Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, S. Bond St. 838

Address,

Remarks, Mary Brett

8960001587

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 73475

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	5 April 1896
4. *Place of Birth, (Street and Number)*	314 N Fremont St.
5. *Full Name of Mother,*	Marie Louise Degen
6. *Mother's Maiden Name,*	Marie Louise Sullan
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	George K. Degen
9. *Father's Occupation,*	Saloon-keeper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Dr Reinhard
Address,	220 N Madison St
Remarks,	

Physician, midwife or other person required to register the birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

84600001588

RETURN OF A BIRTH. 73476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* — — —
3. *Date of Birth,* 4/8/96
4. *Place of Birth, (Street and Number)* E. 1st 1804 Eas. Av.
5. *Full Name of Mother,* Margie
6. *Mother's Maiden Name,* Kennedy ell
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Mc Beath
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross

Address, 1907 E Monument Av

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001589

RETURN OF A BIRTH. 73477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 9th 1896
4. Place of Birth, (Street and Number) 1012 Forest Place
5. Full Name of Mother, Margaret Josephine Causey
6. Mother's Maiden Name, " " Kerby
7. Mother's Birthplace, Ireland
8. Full Name of Father, Samuel Josephine Causey
9. Father's Occupation, Florist. B & O R.R.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, George B Reynolds M.D.

Address, 711 N Calvert St

Remarks,

8960001590

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 9 1896
4. *Place of Birth, (Street and Number)* Ray Burge St 1066 Baltimore
5. *Full Name of Mother,* Edmonia Parker
6. *Mother's Maiden Name,* Edmonia Peterson
7. *Mother's Birthplace,* A A County Md
8. *Full Name of Father,* Thomas Parker
9. *Father's Occupation* farmer
10. *Father's Birthplace,* A A County Md

Name of Medical Attendant, or other person who makes this Return Carline queen

Address, 1066 ray Burge St

Remarks,

8960001591

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	9 April
4. *Place of Birth, (Street and Number)*	411 N. Sum Sts
5. *Full Name of Mother,*	Mary Scarborough
6. *Mother's Maiden Name,*	Repps
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	M. N. Scarborough
9. *Father's Occupation*	Diver
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	
Address,	838 S. Bond Sts
Remarks,	Mary Brett

8 9 6 0 0 0 1 5 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

The Registrar of Vital Statistics shall cause the births occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 April
4. *Place of Birth, (Street and Number)* 834 S. Bond St.
5. *Full Name of Mother,* Mary Kotalik
6. *Mother's Maiden Name,* Krejdova
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Charles Kotalik
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return,

Address, 838 S. Bond St.

Remarks, Mary Prett

8960001593

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9 April
4. Place of Birth, (Street and Number) 1603 Shakspear Str.
5. Full Name of Mother, Apolonia Struzikowsky
6. Mother's Maiden Name, Kedouska
7. Mother's Birthplace, Pole
8. Full Name of Father, Andy Struzikowsky
9. Father's Occupation Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return,

Address, 838 S. Bond Str.

Remarks, Mary Prett

8460001594

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such births, and shall enter the same on the books of his office, to be numbered by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9 April
4. Place of Birth, (Street and Number) 2615 Fayette Str.
5. Full Name of Mother, Annie Varka
6. Mother's Maiden Name, Ikač
7. Mother's Birthplace, Hungar
8. Full Name of Father, Adam Varka
9. Father's Occupation Leberman
10. Father's Birthplace, Hungar

Name of Medical Attendant, or other person who makes this Return,

Address, S. Bond Str. 838

Remarks, Mary Prell

8960001595

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on such schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 9 th 1896
4. Place of Birth, (Street and Number) 1030 E Lombard St.
5. Full Name of Mother, Mary Epstein
6. Mother's Maiden Name, " Lipsitz
7. Mother's Birthplace, " Russia
8. Full Name of Father, Jacob Epstein
9. Father's Occupation Ex Store Keeper
10. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return, Mrs. A Pickarsky

Address, 1013 E Lombard St

Remarks,

Baby Is 8 9 6 0 0 0 1 5 9 6 /es.

Wm. J. C. Dulany Co., City Printers and Stationers.

73484

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 10th 1896
4. Place of Birth, (Street and Number) 338 Smallwood St.
5. Full Name of Mother, Friedericke Matilda O'Brien
6. Mother's Maiden Name, " " Brack
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Patrick Joseph O'Brien
9. Father's Occupation Driver
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Poppleton St

Remarks,

8960001597

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	April 10th
4. *Place of Birth, (Street and Number)*	918. Poultney st.
5. *Full Name of Mother,*	Mary Siebert
6. *Mother's Maiden Name,*	Mary Shaffer
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Jacob Siebert.
9. *Father's Occupation*	Engineer
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return,	Dr. R. Castany
Address,	213. E. Heath St
Remarks,	Doing Well.

8460001598

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7,3486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5. Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born April 10th 1896
4. *Place of Birth, (Street and Number)*	#1813 W. Dover St
5. *Full Name of Mother,*	Mrs. Leane Degner
6. *Mother's Maiden Name,*	Miss. " Buckel
7. *Mother's Birthplace,*	Hessen. Germany
8. *Full Name of Father,*	Mr. Frederick Degner
9. *Father's Occupation*	Boat Maker
10. *Father's Birthplace,*	Hanover. Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs. Hifler
Address,	#2008 N. Henry St
Remarks,	

8960001599

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male George Arthur Greene

2. Race or Color, (if not of the white race) —

3. Date of Birth, 4/11/96

4. Place of Birth, (Street and Number) 1 E 702 Gorsuch ave Waverly

5. Full Name of Mother, Louisa Green

6. Mother's Maiden Name, nee Rapp

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jas G Greene

9. Father's Occupation Police officer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs G Green

Address, No 1907 E Monument St

Remarks, Full name of child added by mother when applying for a transcript June 1898

Eliza B. Greene

1 E Wilm

Birth Index Clerk

Wm. J. C. Dulany Co., City Printers and Stationers.

...ge or superintendence a birth shall ... and shall enter the same on blank ... furnished by the Commissioner of ... month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-8-54 8488

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Benjamin Hyman Goldstein

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 12th 1896
4. Place of Birth, (Street and Number) 1117 E. Lombard.
5. Full Name of Mother, Becca Goldstein
6. Mother's Maiden Name, " Kaplan.
7. Mother's Birthplace, Russia
8. Full Name of Father, Tow Goldstein
9. Father's Occupation Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs A. Feldman

Address, 1210 E. Lombard

Remarks,

8960001601

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred ... month, and shall set forth as far as the same can be ascertained the full name of each ... been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 April
4. *Place of Birth, (Street and Number)* 1626 Thames St.
5. *Full Name of Mother,* Stanislava Fabisak
6. *Mother's Maiden Name,* Bibylska
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Thomas Fabisak
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return,

Address, S. Bond St. 838

Remarks, Mary Bell.

8960001602

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred during the preceding month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 13th 1896.
4. *Place of Birth, (Street and Number)* 125 E. Lexington St.
5. *Full Name of Mother,* Edith Isaplup Bloch
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Louis Feurly
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, M. H. Feldman

Address, 1013 E. Lombard St

Remarks,

8960001603

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. *Sex, (state whether male or female)*	Girl
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born April 13th 1896
4. *Place of Birth, (Street and Number)*	# 1213 Frederick Ave,
5. *Full Name of Mother,*	Mrs. Maggie Sapp.
6. *Mother's Maiden Name,*	Miss. " Diebdch
7. *Mother's Birthplace,*	Bayern, Germany
8. *Full Name of Father,*	Mr. August Sapp.
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Bayern, Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. Hiller
Address,	# 2008 N. Henry St
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001604

RETURN OF A BIRTH 73492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 13th 1896
4. *Place of Birth, (Street and Number)* 1705 Eastern Ave.
5. *Full Name of Mother,* Maggie L. Bussman
6. *Mother's Maiden Name,* Schmidt
7. *Mother's Birthplace,* Balt City
8. *Full Name of Father,* Frank Bussman
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Balt Cy

Name of Medical Attendant, or other person who makes this Return. E. B. Button M.D.

Address, 1711 E Balt St

Remarks, Twin Birth premature - 7th mo. First child was at about same period of utero Gest.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

8960001605

RETURN OF A BIRTH. 73493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 14th 1896
4. *Place of Birth, (Street and Number)* Baltimore 1038 Myrtle st
5. *Full Name of Mother,* Nellie Young
6. *Mother's Maiden Name,* Nellie Gardner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Young
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs Carline Dunn

Address, 1066 Myrtle st

Remarks,

8960001606

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his observation since the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and subject to the provisions of this section shall be subany such person or persons who shall hereafter fail to comply with the provisions of this section shall be recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. Third

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Monday April 6th 1896
4. Place of Birth, (Street and Number) Baltimore City 936 W. Fayette st
5. Full Name of Mother, Louise Flanigan
6. Mother's Maiden Name, Louise Gube
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Robert Flanigan.
9. Father's Occupation Machinist.
10. Father's Birthplace, New Jersey.

Name of Medical Attendant, or other person who makes this Return, Harriet Hunter

Address, 936 W. Fayette st

Remarks,

8960001607

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

James Knell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 7/96
4. Place of Birth, (Street and Number) 227 Myrtle ave
5. Full Name of Mother, Annie Philomena Knell
6. Mother's Maiden Name, Saffran
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, John A. Knell
9. Father's Occupation Merchant
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Surgeon Frownfelter

Address, 223 N Paca St

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960001608

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Register of Births, and shall enter the same therein. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 12 th 1896
4. Place of Birth, (Street and Number) 1107 N. Eden st.
5. Full Name of Mother, Josephine Snowman
6. Mother's Maiden Name, " Krieger
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Frederick Snowman
9. Father's Occupation Hauling
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, E. B. Feuby, M. D.

Address,

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8760001609

RETURN OF A BIRTH. 73497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 16th 1896.
4. Place of Birth, (Street and Number) 1602 N. Washington st.
5. Full Name of Mother, Annie G. Finch
6. Mother's Maiden Name, " " Holland
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Wm. W. Finch
9. Father's Occupation Stone Cutter
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline st

Remarks,

8960001610

Wm. J. C. Dulany Co., City Printers and Stationers.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of the first and Health, and shall set forth as far as the same and occupation in the form of a certificate between of any child month, duly signed by the practitioner of Health. In case the birth of any child been conferred, duly signed by the Commissioner of Health. should no other person be in said schedule shall be delivered, duly signed by of the Commissioner of midwifery, or person or parents of such shall occur without the mother, immediately thereafter in the manner and within the period above required, and attendance upon the birth to the Commissioner of Health, comply with the provisions of this section shall be sub- child to report its birth to the Commissioner shall hereafter fail to comply with the provisions of this section and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 13498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 16/96.
4. Place of Birth, (Street and Number)	1617 Argyle Ave
5. Full Name of Mother,	Mary Elizabeth Kahl
6. Mother's Maiden Name,	" " Lee
7. Mother's Birthplace,	Emmitsburg
8. Full Name of Father,	George Henry Kahl.
9. Father's Occupation	Baker
10. Father's Birthplace,	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Morris B. Polins M.D.
Address,	1344 E. Fort Ave.
Remarks,	

8460001611

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 5
4. Place of Birth, (Street and Number) 2849 Lanvale st
5. Full Name of Mother, Emma Jane Perley
6. Mother's Maiden Name, Emma Jane Carey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Howard Perley
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Peregoy

Address, 2849 Lanvale st

Remarks,

8960001612

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 7 1896
4. *Place of Birth, (Street and Number)* Wolf St
5. *Full Name of Mother,* Mrs Rachel Coltman
6. *Mother's Maiden Name,* Miss Rachel Demba
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Colman
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Cordelia Howard

Address, #1018 N. Chapel st.

Remarks,

8960001613

Wm. J. C. Dulany Co., City Printers and Stationers.

Register. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 9 th
4. Place of Birth, (Street and Number) Duncan Alley
5. Full Name of Mother, Mrs Caroline Johnson
6. Mother's Maiden Name, Nee Caroline Stanley
7. Mother's Birthplace, Kent County
8. Full Name of Father, William Johnson
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Cordelia Howard

Address, # 1313 E Chapel st

Remarks,

8960001614

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 13th 1896
4. Place of Birth, (Street and Number) 935 Paturent st
5. Full Name of Mother, Elisabth Beaton Lile
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Agness L. Beaton
9. Father's Occupation Carptner
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, S. P. Lamington

Address, # 924 Bisney st

Remarks,

8960001615

Wm. J. C. Dulany Co., City Printers and Stationers.

Death, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73503

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 13
4. *Place of Birth, (Street and Number)*	#864 Port st.
5. *Full Name of Mother,*	Ellen Mc. Cormick
6. *Mother's Maiden Name,*	Ellen Stanton
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Thomas Mc. Cormick
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Ireland.
Name of Medical Attendant, or other person who makes this Return,	Mary A. Pertner
Address,	#241 S. Chester st.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001615

73504

RETURN OF A BIRTH. 73609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 13
4. *Place of Birth, (Street and Number)*	#2220 Banks.
5. *Full Name of Mother,*	Maggie Stat
6. *Mother's Maiden Name,*	Maggie Hartman
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Louis Stat
9. *Father's Occupation*	Varnisher
10. *Father's Birthplace,*	Richmond Va.
Name of Medical Attendant, or other person who makes this Return,	Mary A. Pertner
Address,	#241 S. Chester
Remarks,	

8960001617

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73505

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14th January
4. *Place of Birth, (Street and Number)* No 1112 Para Street.
5. *Full Name of Mother,* Ida M. Haas
6. *Mother's Maiden Name,* Klarhiller
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Albert Haas
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. A. M. Bischoff

Address, No 1137 Carroll St.

Remarks,

89600001618

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child, Harry ~~Adler~~

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 & 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 17
4. Place of Birth, (Street and Number) 1662 E Biddle St
5. Full Name of Mother, ~~Fannie Lea Adler~~
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Villna Russia
8. Full Name of Father, Jacob Adler
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Villna R.

Name of Medical Attendant, or other person who makes this Return,

Address, Yetta Klamansky

Remarks, 1022 E. Lombard St.

8460001619

Wm J C. Dulany Co., City Printers and Stationers.

month, the said certificate as to the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 17 th
4. Place of Birth, (Street and Number) No 1807 Little Walsh st
5. Full Name of Mother, Mary Heckt
6. Mother's Maiden Name, Mary Ehmerzahl
7. Mother's Birthplace, Germany
8. Full Name of Father, Georg Heckt
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs B Donnelly

Address, No 1635 Little Walsh st

Remarks,

1896 U 0001620

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the (full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 18 1896
4. *Place of Birth, (Street and Number)*	222 N. Appleton St.
5. *Full Name of Mother,*	Lelie B. Bonis
6. *Mother's Maiden Name,*	Delaplaine
7. *Mother's Birthplace,*	Howard Co Md
8. *Full Name of Father,*	Rozier L. ~~Bonis~~ Bonis
9. *Father's Occupation*	Salesman
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	D Norwood MD
Address,	939 N Fayette St
Remarks,	

8960001621

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 18/96
4. Place of Birth, (Street and Number) 123 Harrison St.
5. Full Name of Mother, Ester Frankel
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Nova Scotia
8. Full Name of Father, Charles Frankel
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return,

Address, Martha Hammerly M.D.

Remarks, 1022 E Lombard St

8960001622

Wm J C. Dulany Co., City Printers and Stationers.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73510

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 18 th 1896.
4. *Place of Birth, (Street and Number)* 623 S. Charles St.
5. *Full Name of Mother,* Sarah Scrovitz
6. *Mother's Maiden Name,* Sarah Zaltzberg
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Marcus Scrovitz
9. *Father's Occupation,* Merchant Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Dr. W. Rubinstein

Address, 105 W. Barre St.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

8960001623

RETURN OF A BIRTH. 73511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* April 18th 1894
4. *Place of Birth, (Street and Number)* 572 Union St.
5. *Full Name of Mother,* Ida Payne
6. *Mother's Maiden Name,* Ida A. Adams
7. *Mother's Birthplace,* Baltimore Co.
8. *Full Name of Father,* James T. Payne
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Tracey Smith

Address, 563 Union St.

Remarks, in good Health

8760001624

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73512

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 19 1926
4. Place of Birth, (Street and Number) 1207 S High St
5. Full Name of Mother, Minnie Levin
6. Mother's Maiden Name, Minnie Hoffman
7. Mother's Birthplace, Pa
8. Full Name of Father, Jacob Levin
9. Father's Occupation, Tailor
10. Father's Birthplace, Poland Russia

Name of Medical Attendant, or other person who makes this Return,

Address, Vera L Lowmaty

Remarks, 1022 E Lombard St Dr to Mrs.

8960001625

Wm J C. Dulany Co., City Printers and Stationers.

about the sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73513

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 29 96
4. Place of Birth, (Street and Number) 345 4½ St
5. Full Name of Mother, Carrie Robinson
6. Mother's Maiden Name, Boone
7. Mother's Birthplace, Oxford Md
8. Full Name of Father, Edward Robinson
9. Father's Occupation Carpenter
10. Father's Birthplace, Oxford Md

Name of Medical Attendant, or other person who makes this Return, W. H. Seaver

Address, 1238 Lemmon Ave

Remarks,

8960001626

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 3 96
4. *Place of Birth, (Street and Number)* 1109 Eutaw Ave
5. *Full Name of Mother,* Alice Lee Nichols
6. *Mother's Maiden Name,* Evans
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* James Emory Nichols
9. *Father's Occupation* Baggage Master
10. *Father's Birthplace,* Cordova, Md

Name of Medical Attendant, or other person who makes this Return, Wm. Pearce Hall

Address, 1238 Eutaw Ave.

Remarks,

0 7 6 0 0 0 1 6 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73515

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 6th 96
4. *Place of Birth, (Street and Number)*	619 Biddle St.
5. *Full Name of Mother,*	Mary A Hearty
6. *Mother's Maiden Name,*	Martin
7. *Mother's Birthplace,*	Ironton Ohio
8. *Full Name of Father,*	Frank A Hearty
9. *Father's Occupation*	Watchman
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	W. W. Perrin M.D.
Address,	1235 Fremont Ave
Remarks,	

8 9 5 0 0 0 1 6 2 8

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-11-56

RETURN OF A BIRTH. 73516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fanny Margaret Lewis First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7th April 1896
4. Place of Birth, (Street and Number) Balto 1311 Bayard st
5. Full Name of Mother, Mrs Kate Lewis
6. Mother's Maiden Name, Miss Kate Nazarenus
7. Mother's Birthplace, Balto.
8. Full Name of Father, Mr James Lawrence Lewis
9. Father's Occupation, Tailor.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs Susan Walters

Address, 1218 Bayard st

Remarks,

8960001629

Wm J. C. Dulany Co., City Printers and Stationers.

Every birth which occurs within the limits of Baltimore City shall be reported to the Commissioner of Health, within ten days after the occurrence thereof, by the physician or midwife in attendance upon the mother, or by the father of the child, or by the mother, or by the nurse, or by the householder, or by the manager or superintendent of the public institution in which the birth occurs, or by the undertaker who shall first be employed after the birth has occurred, and such report shall state the full name and occupation of its parents, the date and place of birth; and the name, if any, conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the number of children born to the mother, and the number now living; and if there be no physician or midwife in attendance, the cause of the absence of such attendance shall be stated in the certificate. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable by law.

Form 1230.

RETURN OF A BIRTH. 73517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9th inst 96
4. Place of Birth, (Street and Number) 826 N Washington St
5. Full Name of Mother, Lavinia Morning Star
6. Mother's Maiden Name, Lavinia Hipsley
7. Mother's Birthplace, Elkton City Md
8. Full Name of Father, Edward E Morning Star
9. Father's Occupation Draughtsman
10. Father's Birthplace, Fredericksburg Md

Name of Medical Attendant, or other person who makes this Return, Chas E Pole

Address, 1630 Ashland ave

Remarks, Child perfect & healthy

8960001630

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 12-14-59

RETURN OF A BIRTH. 73518

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Kathryn White

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) X
2. Race or Color, (if not of the white race)
3. Date of Birth, April 11 96
4. Place of Birth, (Street and Number) 1006 Ed ave
5. Full Name of Mother, Sophie White
6. Mother's Maiden Name, Bachler
7. Mother's Birthplace, Md
8. Full Name of Father, Chas White
9. Father's Occupation Machinist
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Jno Handley

Address, 1002 Ed' ave

Remarks,

8960001631

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRT

To the Office of Registrar of Vital Statistics, Board of Health, Balt

First 73 579

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* Born 13/96
4. *Place of Birth, (Street and Number)* 6 & 8 Sarahann street
5. *Full Name of Mother,* Mary Smith
6. *Mother's Maiden Name,* Mary Brown
7. *Mother's Birthplace,* Washington D C
8. *Full Name of Father,* Henry Smith
9. *Father's Occupation* Stone Cutter
10. *Father's Birthplace,* Baltimore MD

Name of Medical Attendant, or other person who makes this Return,

Address, 6 & 8 Sarahann street

Remarks,

8960001632

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 14 1896

4. Place of Birth, (Street and Number) 115 S Broad St

5. Full Name of Mother, Mary E Beeck

6. Mother's Maiden Name, Keenan

7. Mother's Birthplace, Balto

8. Full Name of Father, Charles H Beeke

9. Father's Occupation Engineer

10. Father's Birthplace, Philadelphia Penn

Name of Medical Attendant, or other person who makes this Return, Dr Smith

Address, M & D Transport 2024 E Pratt

Remarks, doing Well

8960001633

The Mother, immediately after the birth of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73521

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 4th of April
4. *Place of Birth, (Street and Number)* Welcome alley
5. *Full Name of Mother,* Susan Brooks
6. *Mother's Maiden Name,* Susan Kane
7. *Mother's Birthplace,* Dorchester county Md
8. *Full Name of Father,* James D Brooks
9. *Father's Occupation* Stevedore
10. *Father's Birthplace,* Calvert county

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8960001634

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, APR 14 1896
4. Place of Birth, (Street and Number) 10 N. Carrollton Ave
5. Full Name of Mother, Pauline Patterson
6. Mother's Maiden Name, do
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Daniel Stevens,
9. Father's Occupation Musician
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Jos. C. Sanders Jr

Address, 1075 W Fayette

Remarks, L. O. J. K. Pro Carrollton ax
8th Ward

0001635

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth.
1.	*Sex, (state whether male or female)*	Female
2.	*Race or Color, (if not of the white race)*	White
3.	*Date of Birth,*	Apl 15: 1896
4.	*Place of Birth, (Street and Number)*	927 Columbia Ave
5.	*Full Name of Mother,*	Louisa S. Walter.
6.	*Mother's Maiden Name,*	Louisa S. Dahlman
7.	*Mother's Birthplace,*	Germany.
8.	*Full Name of Father,*	Frank Walter.
9.	*Father's Occupation,*	Cigar Maker.
10.	*Father's Birthplace,*	Balto Md.
	Name of Medical Attendant, or other person who makes this Return,	Elwood Huggins M.D.
	Address,	2418 E. Pratt St Balto Md.
	Remarks,	8960001636

The Mother, Father, Physician, Midwife, or other person having charge of any child born in the City of Baltimore, shall, within five days after the birth of such child, report to the Commissioner of Health the facts required by this Return to be set forth as far as the same can be ascertained; and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

M 1936]

RETURN OF A BIRTH. 73524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16th inst
4. *Place of Birth, (Street and Number)* 729 N Eden St
5. *Full Name of Mother,* Rachel Meghan
6. *Mother's Maiden Name,* Rachel Miller
7. *Mother's Birthplace,* Butte
8. *Full Name of Father,* J Thomas Meghan
9. *Father's Occupation* Sugar Maker
10. *Father's Birthplace,* Butte

Name of Medical Attendant, or other person who makes this Return, Mary E Price

Address, 1630 ashland ave

Remarks, Child Perfect & Healthy

8960001637

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Saturday Apr. 18 '96
4. Place of Birth, (Street and Number) #122 S Greene St
5. Full Name of Mother, Miss Katie Ray
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Cumberland Md.
8. Full Name of Father, Unknown
9. Father's Occupation "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, R B Kenyon

Address, #601 W Franklin St. City

Remarks, Presentation Vertex, Position O.L.A. Course of Labor normal in every particular; R.K.

6 3 8

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th 1896

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, APR 18 1896
4. Place of Birth, (Street and Number) 1048 Saratoga St.
5. Full Name of Mother, Louisa Deppen
6. Mother's Maiden Name, " Franke
7. Mother's Birthplace, Kemelingen Hannover, Germany
8. Full Name of Father Joseph J. Deppen
9. Father's Occupation Tailor
10. Father's Birthplace, Dalhausen, Prussia Germany

Name of Medical Attendant, or other person who makes this Return, Joseph R Wunderlich

Address, 1075 W. Fayette St.

Remarks, Dorso-anterior left sacro-iliac anterior presentation of left foot.

8966 0001639

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 73527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1st of April 1896
4. *Place of Birth, (Street and Number)* No 816 E. Fremont St
5. *Full Name of Mother,* Mary Gehring Sommerstedt
6. *Mother's Maiden Name,* Mary Hartlove
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Nicholas Gehring
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. C. L. Eliason

Address, No 105 E Hoffman Ave

Remarks, Balt. Md.

1896

8960000 1640

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, the sex, color, and the time when and the place where it was born, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	10 of April 1896.
4. *Place of Birth, (Street and Number)*	2203 E. Fayette Str.
5. *Full Name of Mother,*	Marie Smith
6. *Mother's Maiden Name,*	Marie Kraft
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Edward Smith
9. *Father's Occupation,*	Bakery
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs Ida Hill
Address,	207 N. Castle Str.
Remarks,	

8960001641

Wm J C. Dulany Co., City Printers and Stationers.

...ech conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 of April 1896
4. *Place of Birth, (Street and Number)* 1046 Central Ave
5. *Full Name of Mother,* Maggie Nickobb
6. *Mother's Maiden Name,* Maggie Schneider
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Nickobb
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Chas Rob Larsen

Address, 900 1054 Bay and Ave

Remarks, Bal. Md.

1896

8960001642

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 73530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 12th 1896
4. Place of Birth, (Street and Number) 2428 Canton ave.
5. Full Name of Mother, Martha Jane ~~Crawford~~ Mills
6. Mother's Maiden Name, Martha Jane Crawford
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Thomas James Mills
9. Father's Occupation, Mariner
10. Father's Birthplace, Dorchester County Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Laura Admiral

Address, 2428 Canton ave.

Remarks,

8960001643

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Section 1. And be it enacted, That the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter, it shall become and within the period above required, and shall occur without the attendance of a physician or practitioner of the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether ~~1st~~, ~~2d~~, 3d, &c.) .....

1. *Sex, (state whether male ~~or female~~)* .....
2. *Race or Color, (if ~~not of the~~ white race)* .....
3. *Date of Birth,* Mar 13/56
4. *Place of Birth, (Street and Number* E. 1408 Eugene St.
5. *Full Name of Mother,* Minnie Knight
6. *Mother's Maiden Name,* " Steiner
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Andrew Knight
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, ...

Remarks, ...

8960001644

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 14th 1896
4. Place of Birth, (Street and Number) 307 N. Gilmor St
5. Full Name of Mother, Louisa G. Leutard
6. Mother's Maiden Name, Louisa G. Kelley
7. Mother's Birthplace, England
8. Full Name of Father, Edward C. Leutard
9. Father's Occupation, Fireman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. J. R. Mohler M. D.

Address, 661 W. Lafayette St.

Remarks,

8960001645

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 15th 1896
4. *Place of Birth, (Street and Number)* 609 Lenox St.
5. *Full Name of Mother,* Ida Carter Lamb
6. *Mother's Maiden Name,* ~~Ida Lamb~~ Ida Carter
7. *Mother's Birthplace,* Carroll Co. Md
8. *Full Name of Father,* John Lamb
9. *Father's Occupation,* Clerk in Balt. P.O.
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Thos. J. McCormick M.D.

Address, 1421 Eutaw Place

Remarks,

8960001646

WM. J. C. BULANY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 9-6-57

RETURN OF A BIRTH 73534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Marie Theresa Hicks

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) Color
3. Date of Birth, 17 of April
4. Place of Birth, (Street and Number) Rose street. 348 Balto Md
5. Full Name of Mother, Peregrine Hicks
6. Mother's Maiden Name, Helen Thomas
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, Wolgath H. Hicks
9. Father's Occupation, Waiter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Biass.

Address, 348 Biddle. Street.

Remarks, 8960001647

month, and shall set forth as far as the same can be ascertained the full name of each child, if any such have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered month to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the practitioner of midwifery, or the person or parents of such shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall be the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

JAS. A. GUARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 73535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 17th 1896
4. Place of Birth, (Street and Number) 1501 Clarkson st
5. Full Name of Mother, Elizabeth Elliotts
6. Mother's Maiden Name, Poole
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Elliotts
9. Father's Occupation Workman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Carolina Schwartz

Address, 434 E Fort Ave

Remarks,

8960001648

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as the same can be ascertained by inquiry of the parents, the date and place of birth, and the name, if any, which has been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 19
4. Place of Birth, (Street and Number) 642 Gorsuch St
5. Full Name of Mother, Mary Johnson
6. Mother's Maiden Name, Mary Johnson
7. Mother's Birthplace, [redacted] Balt Md
8. Full Name of Father, Harry Johnson
9. Father's Occupation, Laborer
10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other person who makes this Return, Louis Jones

Address, 644 Gorsuch St

Remarks,

8960001649

Wm J. C. Dulany Co., City Printers and Stationers.

Each child born alive in Baltimore City shall be registered, and the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fourth Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	19th April 1896
4. *Place of Birth, (Street and Number)*	Baltimore Md 227 Pratt St.
5. *Full Name of Mother,*	Annie Glisczer
6. *Mother's Maiden Name,*	" Beaubghan
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Frank Glisczer
9. *Father's Occupation*	Bartender
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Mary Fleming
Address,	414 S Strieker St Baltimore Md.
Remarks,	Mother and Child are doing well

8960001650

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-8-58

RETURN OF A BIRTH. 73538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

~~Kendall~~ Henry Samuel Kendall

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 19th 1896
4. Place of Birth, (Street and Number) 2421 N. Calvert St.
5. Full Name of Mother, Emilie Sclater Kendall
6. Mother's Maiden Name, Emilie Sclater
7. Mother's Birthplace, Virginia
8. Full Name of Father, Henry S. Kendall
9. Father's Occupation, Travelling Salesman
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Thos. E. McCormick M.D.

Address, 1421 Eutaw Place

Remarks,

8960001651

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 73539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male ~~or female~~) male
2. Race or Color, ~~(if not of the white race)~~ white
3. Date of Birth, Apr 15/26
4. Place of Birth, (Street and Number) 513 N Bond
5. Full Name of Mother, Louise M. Howell Conner
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Edwin R Howell
9. Father's Occupation Potter Caster
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Asbury Todd

Address, 1502 N Bond St

Remarks, 1896U0001652

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73540

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth Child.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 19th of July 1896

4. Place of Birth, (Street and Number) Baltimore Md 4208 Parrish

5. Full Name of Mother, Madge Berg.

6. Mother's Maiden Name, " Frey

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, George F. Berg.

9. Father's Occupation Tailor

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant or other person who makes this Return, Mrs Mary Kraning

Address, 414 S. Strieker St Baltimore Md.

Remarks, Mother and Child are doing well

8960001653

Wm. J. C. Dulany Co., City Printers and Stationers.

Months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st & 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1st day April 1896

4. Place of Birth, (Street and Number) 210 Fort & Monument

5. Full Name of Mother, Mary Mayer

6. Mother's Maiden Name, Mary Degman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Mayer

9. Father's Occupation Carpenter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ida Sauer

Address, 210 Fort & Monument

Remarks, Bal Md.

1896

1896000001654

Wm. J. C. Dulany Co., City Printers and Stationers.

The mother, and shall set forth as the same can be ascertained, the full name and occupation of its parents, the date and place of birth; and the name conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2nd~~, 3d, &c.) 5

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, Apr. 21/96
4. Place of Birth, (Street and Number) 1504 N Bethel
5. Full Name of Mother, Hanna Meskell
6. Mother's Maiden Name, " Meade
7. Mother's Birthplace, Ireland
8. Full Name of Father, Danl. Meskell
9. Father's Occupation Blacksmith
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. E. Schultz M.D.

Address, 502 N Wolfe St

Remarks, 8966001655

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 73543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child. Nathan S Buck 3d

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex*, (state whether male or female) Male
2. *Race or Color*, (if not of the white race) White
3. *Date of Birth*, April 12th 1896
4. *Place of Birth*, (Street and Number) 1429 Harford Ave
5. *Full Name of Mother*, Nettie S Buck
6. *Mother's Maiden Name*, Shipley
7. *Mother's Birthplace*, Howard Co Md
8. *Full Name of Father*, John S Buck
9. *Father's Occupation*, Bricklayer
10. *Father's Birthplace*, Balto Co Md

Name of Medical Attendant, or other person who makes this Return. J. C. Schwatka M.D

Address,

Remarks,

8766 0001656

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Board of Health has ruled that no certificate can be accepted unless the full name of each child of any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73544

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Fitzgerald Brennan

No of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 20th 1896
4. Place of Birth, (Street and Number) 112 Aisquith St
5. Full Name of Mother, Margaret V Brennan
6. Mother's Maiden Name, Margaret V Morris
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Michael E Brennan
9. Father's Occupation, Printer and Politician
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, A. G. Watson

Address, GIVEN NAME ADDED 2-3-54 1317 N. Central Ave.

Remarks, A fine healthy Boy and Co. Preston St

Natural Easy birth 9 6 0 0 0 1 6 5 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colrd
3. Date of Birth, April the 22 1896
4. Place of Birth, (Street and Number) in lay st No 1011
5. Full Name of Mother, Mary matters
6. Mother's Maiden Name, Mary Caulburn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fred Caulburn
9. Father's Occupation, labour
10. Father's Birthplace, Deamae County Virginia

Name of Medical Attendant, or other person who makes this Return, Bridgett Hunt

Address, 111 west Hurg st

Remarks, full 9 months

8960001658

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

any shall have month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child third occur without the attendance of a physician or practitioner of Midwifery, or should no other parents of such day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall become the duty of the person or persons required, and attendance upon the mother immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable any such person or persons who shall hereafter fail to comply with the provisions of this section shall be

RETURN OF A BIRTH 13546

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	April 22nd 1896
4. *Place of Birth (Street and Number),*	1509 Hanover st
5. *Full Name of Mother,*	Nannie E. Brown
6. *Mother's Maiden Name,*	Nannie E Miller
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Samuel C. Brown
9. *Father's Occupation,*	Fireman
10. *Father's Birthplace,*	Maryland
Name of Medical Attendant, or other person who makes this Return.	M. L. Hooper M.D.
Address,	1407 Hanover st
Remarks,	

ferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1896000 1659

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 73547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Mulatto
3. *Date of Birth,*	April 22/96
4. *Place of Birth, (Street and Number)*	23 N. Callington ave.
5. *Full Name of Mother,*	Maggie Evans
6. *Mother's Maiden Name,*	Maggie Leland
7. *Mother's Birthplace,*	Dorchester Co. Md.
8. *Full Name of Father,*	John W. Evans
9. *Father's Occupation*	Mariner
10. *Father's Birthplace,*	Princess Anne, Md
Name of Medical Attendant, or other person who makes this Return,	T. Bashield M.D.
Address,	251 N. Broadway
Remarks,	Born 2.45 A.M.

6960001660

Wm. J. C. Dulany Co., City Printers and Stationers.

Every person having charge of a child born in this City, shall cause the full name and occupation of its parents, the date and place of birth; and the sex and color of the child, to be entered in a schedule to be furnished by the Commissioner of Health, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 8th 1896
4. Place of Birth, (Street and Number) Mc Elderry St. No 2303
5. Full Name of Mother, Clara Cook
6. Mother's Maiden Name, Clara Waters
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Nelson Cook
9. Father's Occupation Laborer
10. Father's Birthplace, Annapolis

Name of Medical Attendant, or other person who makes this Return, Sarah Ann Jones

Address, Patterson Park Avenue #525.

Remarks,

8960001661

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73549

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Albert M. W. Tydings

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 7th
4. Place of Birth, (Street and Number) 1645 Wall St
5. Full Name of Mother, Jessie (Lidiye) Tydings
6. Mother's Maiden Name, Jessie Wilson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph (Tidings) Tydings
9. Father's Occupation Coal Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Thos Bunce

Address, 1600 N Chester st

Remarks,

8960001662

The date and place of birth and the sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 73550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No *of Child of Mother*, (*state whether* 1*st*, 2*d*, 3*d*, &c.) First

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, April 13. 99
4. *Place of Birth*, (*Street and Number*) 1104 E Biddle St
5. *Full Name of Mother*, Augusta Austin
6. *Mother's Maiden Name*, " Bertmann
7. *Mother's Birthplace*, Fredrick Md
8. *Full Name of Father*, John Austin
9. *Father's Occupation*,
10. *Father's Birthplace*, Belair Md

Name of Medical Attendant, or other person who makes this Return, E. G. Peterson M. D.

Address, 1053 N Broadway

Remarks,

8960001663

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73551

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5-Child
1. *Sex, (state whether male or female)*	Twin Males
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Balto April 16/96 One o'clock Noon
4. *Place of Birth, (Street and Number)*	508 S. Charles St.
5. *Full Name of Mother,*	Kaily Caplan
6. *Mother's Maiden Name,*	Russia
7. *Mother's Birthplace,*	Philip Caplan
8. *Full Name of Father,*	Costumer Tailor
9. *Father's Occupation*	Russia
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Mrs. Sara Cashen
Address,	41 E. Fayette St. Balto.
Remarks,	

8960001664

Wm. J. C. Dulany Co., City Printers and Stationers.

about, the mother's name and occupation of its parents, the date and place of birth; and the full name, sex, color, the full name and occupation of its parents, the date and place of birth; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 75552

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1st) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 17 1896
4. Place of Birth, (Street and Number) 682 John Street
5. Full Name of Mother, Lillie M. Cranmer
6. Mother's Maiden Name, Lillie C. Knight
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Harry L. Cranmer
9. Father's Occupation Machinist
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, A. D. Cranmer

Address, 421 N. Carrollton Av

Remarks,

8960001665

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth occurring within the limits of Baltimore City shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after such birth, and the certificate shall contain the name, sex, color, the full name and occupation of its parents, the date and place of birth; and the certificate of every birth attended by a physician or midwife shall be signed by the practitioner in the form of a certificate between the first and second births, and every certificate of a birth subsequent to the first shall be delivered, duly signed by the practitioner in the manner aforesaid, to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner of Health, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73553

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 April
4. *Place of Birth, (Street and Number)* 1641 N Chester St
5. *Full Name of Mother,* Annie Eder
6. *Mother's Maiden Name,* " " Dash
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lawrence Eder
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8960001666

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 73554

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W Lite
3. *Date of Birth,* Apr 18 - 96
4. *Place of Birth, (Street and Number)* 1222 Barclay st Quest
5. *Full Name of Mother,* Elizabeth W. Mason
6. *Mother's Maiden Name,* " " Evans
7. *Mother's Birthplace,* Philadelphia Pa
8. *Full Name of Father,* Edward E. Mason
9. *Father's Occupation* Car Conductor
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, R. G. Ransom M.D.

Address, 811 Jefferson ave. Waverly

Remarks, City

8960001667

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 18th March
4. Place of Birth, (Street and Number) 1824 E. Baltimore St
5. Full Name of Mother, Emma Wilson
6. Mother's Maiden Name, Emma Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Wilson
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8960001668

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 73557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st "

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 30th 1896
4. Place of Birth, (Street and Number) 1808 Aisquith St
5. Full Name of Mother, Katharine Josephine Grimes
6. Mother's Maiden Name, Katharine Josephine Keays
7. Mother's Birthplace, England
8. Full Name of Father, James H. Grimes
9. Father's Occupation, Gas Fitter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, C. R. Shoemaker M.D.

Address, 1808 Aisquith St

Remarks, 8960001669

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED - 10/24/64

RETURN OF A BIRTH. 703557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: MAMIE KATHERINE GEMPP

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 3rd 1896
4. Place of Birth, (Street and Number) 838 Pierce al—
5. Full Name of Mother, Sarah Bessie Gempp
6. Mother's Maiden Name, " " Swift
7. Mother's Birthplace, Virginia
8. Full Name of Father, William Gempp
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Jas E Gibbons M.D.

Address, 1102 W. Lafayette ave

Remarks,

8960001670

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 78538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Mulatto
3. *Date of Birth,* Wednesday Apr. 15th. 1896
4. *Place of Birth, (Street and Number)* Dover St. 181
5. *Full Name of Mother,* Mary Hoffman
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Not known
8. *Full Name of Father,* James Daniels
9. *Father's Occupation,* Musical Instrument Store
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. Jane B. Butler

Address, 208. Mayette Avenue

Remarks, Colored child doing well

8960001671

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the attendance upon the mother, immediately thereafter if shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in

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RETURN OF A BIRTH. 73559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 16th 1896
4. Place of Birth, (Street and Number) 320 — 22nd Street
5. Full Name of Mother, Lillie May Daiger
6. Mother's Maiden Name, " " McGinnis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Vincent Daiger
9. Father's Occupation Manufacturer of Gas Fixtures
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Jas. E. Gibbons M.D.

Address, 1102 W. Lafayette Ave

Remarks,

8760001672

Wm. J. C. Dulany Co., City Printers and Stationers.

the full name and occupation of its parents, the date and place of birth; and the
red, duly signed by the practitioner in the form of a certificate between the first and
month to the office of the Commissioner of Health. In case the birth of any child
ndance of a physician or practioner of midwifery, or should no other person be in
immediately thereafter it shall become the duty of the person or parents of such
Commissioner of Health, in the manner and within the period above required, and
who shall hereafter fail to comply with the provisions of this section shall be sub-
ollars for each offence, to be recovered as other fines and forfeitures are recoverable.
been conferred) its sex, color, the
said schedule shall be delivered, dul
third day of each and every month
shall occur without the attendance
attendance upon the mother, imme
child to report its birth to the Comm
any such person or persons who sha
jected to the fine of ten (10) dollars fo

RETURN OF A BIRTH. 73560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st,~~ 2d, ~~3d, &c.~~)

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 19th 1896
4. *Place of Birth, (Street and Number)* 310 - 20½ St
5. *Full Name of Mother,* Martha a. V. Spriggs
6. *Mother's Maiden Name,* Martha a. V. Waltman
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* John Wesley Spriggs
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Geo. W. Hamill M.D.

Address, 327 E North ave

Remarks,

8960001673

been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 20th 97

4. Place of Birth, (Street and Number) 814 E. St Peters street

5. Full Name of Mother, Carrie B Plummer

6. Mother's Maiden Name, Carrie Bliss

7. Mother's Birthplace, Washington D.C.

8. Full Name of Father, Harry Plummer

9. Father's Occupation, Mr Retorter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs A. M. Bishop

Address, No 1137 Carroll Ave

Remarks,

8960001674

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the period above required, and attendance upon the mother, immediately thereafter, it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 73562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 27
4. Place of Birth, (Street and Number) 327 Rose st
5. Full Name of Mother, Alice Brantley
6. Mother's Maiden Name, Alice Dunbar
7. Mother's Birthplace, Portsville Md
8. Full Name of Father, Smith Brantley
9. Father's Occupation, Farmer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Louis Dove

Address, 644 Jasper st

Remarks,

8960001675

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-13-52

RETURN OF A BIRTH. 73563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Caroline Elizabeth ~~Elizabeth~~ Corbett Third

1. Sex, (state whether ~~male~~ or female) White.
2. Race or Color, (if not of the white race) 21st April 1896.
3. Date of Birth, 1513 S. Hanover
4. Place of Birth, (Street and Number) Wilhelmina Corbett.
5. Full Name of Mother, " Wolf.
6. Mother's Maiden Name, Baltimore Md.
7. Mother's Birthplace, William Howard Corbett.
8. Full Name of Father, Cigar Mfr.
9. Father's Occupation Baltimore Md
10. Father's Birthplace, A. V. Fleetzie M.D.

Name of Medical Attendant, or other person who makes this Return,

Address, 1104 Cleveland

Remarks,

8960001676

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-22-55

RETURN OF A BIRTH. 73564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Lillian Crombie ~~Burroughs~~ Burroughs Triumph

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 2 1896
4. Place of Birth, (Street and Number) 1735 E. Preston St
5. Full Name of Mother, Frances Elmira Burroughs
6. Mother's Maiden Name, Francis Elmira Crombie
7. Mother's Birthplace, * 1437 E. Monument St
8. Full Name of Father, William Brumfield Burroughs
9. Father's Occupation Fruit Dealer
10. Father's Birthplace, Harve de Grace Md

Name of Medical Attendant, or other person who makes this Return, L. Singleton Garthwaite

Address, 759 N. Fayette St

Remarks,

8960001677

been collected its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 75565

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 23. 1896
4. Place of Birth, (Street and Number) 435 Lasar st
5. Full Name of Mother, Clara Krang
6. Mother's Maiden Name, Gottamyer
7. Mother's Birthplace, Germany
8. Full Name of Father, William Krang
9. Father's Occupation Workman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Carolina Schwartz

Address, 434 E. Fort Ave

Remarks,

8460001678

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 73566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Gilbert M. Rosenheim 12/29/19 a.d.J.

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, April 23d 1896
4. Place of Birth, (Street and Number) 857 Harlem av.
5. Full Name of Mother, Henrietta Rosenheim
6. Mother's Maiden Name, Jacobs
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Solomon Rosenheim
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr W. P. Morgan

Address, 816 W Monument

Remarks, 8960001679

The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 73567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th and 5th

1. Sex, (state whether male or female) 2 males (twins)
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Friday 24th 1896 4 p.m.
4. Place of Birth, (Street and Number) 570 Cobrin Street
5. Full Name of Mother, Mary Vincent
6. Mother's Maiden Name, Mary Bones
7. Mother's Birthplace, Essex County Virginia
8. Full Name of Father, George Vincent
9. Father's Occupation Rag picker
10. Father's Birthplace, Delaware City Maryland.

Name of Medical Attendant, or other person who makes this Return, Elizabeth Johnson

Address, 1032 Front Street

Remarks,

1896000001680

Wm. J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73568

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) 1

1. Sex, (~~state whether male or~~ female) female
2. Race or Color, (~~if not of the white race~~) colored
3. Date of Birth, 25 day of april 1896 at 7 oclock a m
4. Place of Birth, (Street and Number) 1735 orlean street
5. Full Name of Mother, Ida. Brooks
6. Mother's Maiden Name, - - Johnson
7. Mother's Birthplace, Westmoreland County. Va.
8. Full Name of Father, Robert. T. Brooks
9. Father's Occupation, Sailor
10. Father's Birthplace, Mathews county. Va.

Name of Medical Attendant, or other person who makes this Return. Josephine Cooper

Address, 921 Shuter Street

Remarks, mother and child are doing well

Baltimore Md

8960001681

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 73569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 3rd 96
4. Place of Birth, (Street and Number) Home
5. Full Name of Mother, Catherine Virginia Neubeth
6. Mother's Maiden Name, "
7. Mother's Birthplace, 105 Fait St Balto Md
8. Full Name of Father, Charles Francis Kerner
9. Father's Occupation Salesman Lumber
10. Father's Birthplace, Bakers Ct Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs Jane Deems

Address, 778 Hamburg St

Remarks,

8960001682

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

1236.]

RETURN OF A BIRTH. 73570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 4th 1896
4. Place of Birth, (Street and Number) 103 N. Eutaw St
5. Full Name of Mother, Sarah Samolinsky
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Isidor Samolinsky
9. Father's Occupation Merchant
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, I. N. Scruff M.D.

Address, 413 N. Charles St

Remarks,

8960001683

Wm. J. C. Dulany Co., City Printers and Stationers.

...ician or midwife, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 5th 1896.
4. Place of Birth, (Street and Number) 1004 Vincent-H. Balto.
5. Full Name of Mother, Belle Banks.
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Baltimore. Md.
8. Full Name of Father, Sherly Jones.
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, R. W. Fields.

Address, Md. Homeo. Hospital 1122 N. Mount-H

Remarks, Col. & Illegitimate 684

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

1236.]

RETURN OF A BIRTH. 73572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Chinaman

3. Date of Birth, April 10th 1896

4. Place of Birth, (Street and Number) 121 N. Liberty St

5. Full Name of Mother, Mamie Charlie Hong Ling -

6. Mother's Maiden Name, Give it up -

7. Mother's Birthplace, China

8. Full Name of Father, Charlie Hong Ling -

9. Father's Occupation Hoo Keeper

10. Father's Birthplace, China

Name of Medical Attendant, or other person who makes this Return, L. N. Scruff M.D.

Address, 413 N. Charles St

Remarks, All the peculiarities of a male Chinaman rushed into this world were manifested in this case

8460001685

Wm. J. C. Dulany Co., City Printers and Stationers.

The Mother, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Duplicate Orig

[236.]

RETURN OF A BIRTH. A73572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Sam Bertaing 1st

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Mongolian
3. Date of Birth, Apr. 12" 96
4. Place of Birth, (Street and Number) 124 N Liberty st.
5. Full Name of Mother, Loy Wing
6. Mother's Maiden Name, " Ging
7. Mother's Birthplace, China (State of Canton)
8. Full Name of Father, Quong Wing
9. Father's Occupation Merchant
10. Father's Birthplace, China (State of Canton)

Name of Medical Attendant, or other person who makes this return, Dr. H. Scurr M.D.

Address, 14 E Redst Baltimore Md

Remarks,

B 7 6 U 0 0 1 6 8 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	III
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Apr 12 1896
4. *Place of Birth, (Street and Number)*	15 North Wesley Ave
5. *Full Name of Mother,*	Maggie Evans
6. *Mother's Maiden Name,*	Maggie Daly
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Isac Evans
9. *Father's Occupation*	Driver
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Geo W Dobbin M.D.
Address,	The Johns Hopkins Hospital
Remarks,	

8460001687

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15 April
4. Place of Birth, (Street and Number) 910 S. Wolf Str.
5. Full Name of Mother, Annie Karen
6. Mother's Maiden Name, Kovar
7. Mother's Birthplace, Bohmen
8. Full Name of Father, John Karen
9. Father's Occupation Lumberyard
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, S. Bond Str. 838

Remarks, Mary Pretl

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001688

RETURN OF A BIRTH. 73575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 15th 1896
4. Place of Birth, (Street and Number) No. 129 Millington Ave
5. Full Name of Mother, Louisa Broglie
6. Mother's Maiden Name, Louisa Truby
7. Mother's Birthplace, Germany
8. Full Name of Father, Sebastian G. Broglie
9. Father's Occupation Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8960001689

Wm. J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) White - Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th April 1896
4. Place of Birth, (Street and Number) 16 Madison St. Balto City
5. Full Name of Mother, Mary J. Bloomer
6. Mother's Maiden Name, Mary J. Biddison
7. Mother's Birthplace, Balto County
8. Full Name of Father, Jas. H. Bloomer
9. Father's Occupation Laborer
10. Father's Birthplace, Balto County

Name of Medical Attendant, or other person who makes this Return, Margrt. J. Winkel

Address, 303. 11th st City

Remarks,

8960001690

Wm. J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-11-60

RETURN OF A BIRTH. 73577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Agnes Michlinsky

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 April 1896
4. Place of Birth, (Street and Number) 60 E. Bond St
5. Full Name of Mother, Frenci Michlinsky
6. Mother's Maiden Name, Fridrychowska
7. Mother's Birthplace, Pole
8. Full Name of Father, Jakub Michlinsky
9. Father's Occupation Workman
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return,

Address, E. Bond Str. 838

Remarks, Mary Trott

8960001691

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 13578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 17th 1896
4. Place of Birth, (Street and Number) 1401 2a London Ave
5. Full Name of Mother, Clara Godman
6. Mother's Maiden Name, Clara Stein
7. Mother's Birthplace, Germany
8. Full Name of Father, John Godman
9. Father's Occupation Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8960001692

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth shall be reported to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 20 1896
4. Place of Birth, (Street and Number) 250 Harford Road
5. Full Name of Mother, Venie Bryan
6. Mother's Maiden Name, King
7. Mother's Birthplace, Md
8. Full Name of Father, William Bryan
9. Father's Occupation Runner
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, H Young Northcote Md

Address, 237 Bosworth avenue

Remarks.

8960001693

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 21st 1896
4. *Place of Birth, (Street and Number)*	1150 E. North Ave.
5. *Full Name of Mother,*	Sadie Elizabeth Price.
6. *Mother's Maiden Name,*	Sadie Elizabeth Swartz.
7. *Mother's Birthplace,*	Harford Co. Md.
8. *Full Name of Father,*	Howard Lee Price.
9. *Father's Occupation*	Clerk.
10. *Father's Birthplace,*	Harford Co. Md.
Name of Medical Attendant, or other person who makes this Return,	Alfred B. Giles M.D.
Address,	1346 Aisquith St.
Remarks,	

8960001694

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 21st 1876
4. Place of Birth, (Street and Number) No 832 Fredrick Ave
5. Full Name of Mother, Mamie Rufe
6. Mother's Maiden Name, Mamie Keating
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Rufe
9. Father's Occupation Black-smith
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8960001695

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 April
4. Place of Birth, (Street and Number) 847 S. Dallas St.
5. Full Name of Mother, Mary Turek
6. Mother's Maiden Name, Lukas
7. Mother's Birthplace, Pole
8. Full Name of Father, Lukas Turek
9. Father's Occupation Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return,

Address, S. Bond Str. 838

Remarks, Mary Brett

8960001696

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Miller 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White 1896
3. *Date of Birth,* 22nd Day of April
4. *Place of Birth, (Street and Number)* 616 Parkin St
5. *Full Name of Mother,* Mrs Florence Elizabeth Miller
6. *Mother's Maiden Name,* Miss Weldon
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edwin Miller
9. *Father's Occupation* Agent
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Susan Kuntz

Address, 23d Poppleton St

Remarks,

8960001697

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	22 April
4. *Place of Birth, (Street and Number)*	602 E. Bethel Alley
5. *Full Name of Mother,*	Maria Bystry
6. *Mother's Maiden Name,*	Dranjek
7. *Mother's Birthplace,*	Pole
8. *Full Name of Father,*	Majk Bystry
9. *Father's Occupation*	Work-man
10. *Father's Birthplace,*	Pole
Name of Medical Attendant or other person who makes this Return,	
Address,	J. Bond Str. 838
Remarks,	Mary Bett.

1896 0001698

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73585

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 22 th 1896
4. *Place of Birth, (Street and Number)* No 24 Loudon Ave
5. *Full Name of Mother,* Ottilie Kratz
6. *Mother's Maiden Name,* Ottilie Lueck
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* James Kratz
9. *Father's Occupation* Hostler Dossier
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 6 0 0 0 1 6 9 9

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 April
4. *Place of Birth, (Street and Number)* 724 S. Broadway
5. *Full Name of Mother,* Jennie Michael
6. *Mother's Maiden Name,* Hildebrand
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Herman Michael
9. *Father's Occupation* Clerk.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, 838 S. Bond Str.

Remarks, Mary Brett

8960001700

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 73587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 24 1896

4. Place of Birth, (Street and Number) 30 N. Fulton Ave

5. Full Name of Mother, Lewis Powell Fresch Grady

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Virginia

8. Full Name of Father, George Fresch

9. Father's Occupation Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, L. N. Jeauffret M.D.

Address, 413 N. Chester St

Remarks,

0 4 6 0 0 0 1 7 0 1

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parties required, and shall occur without the attendance of a physician or practioner of midwifery, or should no other parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 April
4. Place of Birth, (Street and Number) 1428 Block Str.
5. Full Name of Mother, Elizabeth Stefan
6. Mother's Maiden Name, Ferko
7. Mother's Birthplace, Hungar
8. Full Name of Father, Indy Stefan
9. Father's Occupation Work-man
10. Father's Birthplace, Hungar

Name of Medical Attendant, or other person who makes this Return

Address, 838 S. Bond Str.

Remarks, Mary Brett

8960001702

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Female 6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	April 25th 1896
4. *Place of Birth, (Street and Number)*	619 Spring Street
5. *Full Name of Mother,*	Emma Johnson
6. *Mother's Maiden Name,*	Emma Pierce
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Charles Johnson
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Jane Irwin
Address,	834 Stirling Street.
Remarks,	

8960001703

...C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First -

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Saturday April 25th 96
4. Place of Birth, (Street and Number) 1014. Argyle Ave
5. Full Name of Mother, Harriet E. Whiting
6. Mother's Maiden Name, Harriet E. Giles
7. Mother's Birthplace, Harford Avenue
8. Full Name of Father, James Whiting
9. Father's Occupation Drayman
10. Father's Birthplace, Baltimore City E.S. Welch Md.

Name of Medical Attendant, or other person who makes this Return

Address, 112 W. Mulberry St Baltimore

Remarks, 8960001704 Ind

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73591.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 —

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, April - 26 - 1896
4. Place of Birth, (Street and Number) 117 N. Durham
5. Full Name of Mother, Jennie M. Deinlein
6. Mother's Maiden Name, " " Neuberger
7. Mother's Birthplace, City
8. Full Name of Father, John H. Deinlein
9. Father's Occupation Trimmer
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, P. G. Dausch M.D.

Address, 1731 E. Balto st.

Remarks,

8960001705

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73592

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 26th 96.
4. Place of Birth, (Street and Number) 2034 Baltan Av.
5. Full Name of Mother, Julia Rubberg
6. Mother's Maiden Name, Julia Blumenthal
7. Mother's Birthplace, Philadelphia Pa
8. Full Name of Father, Joshua Rubberg
9. Father's Occupation Clothing Merchant
10. Father's Birthplace, Brooklyn N.Y.

Name of Medical Attendant, or other person who makes this Return, Henry C. Lee. M.D.

Address, 1203 West Fayette St.

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8460001706

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	April 27th 1894
4. *Place of Birth, (Street and Number)*	1416 Myrtle Ave
5. *Full Name of Mother,*	Mary S Smith
6. *Mother's Maiden Name,*	Mary S Smith
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	John W Smith
9. *Father's Occupation*	Baker
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Mary Ward
Address,	509 Lorman st.
Remarks,	

8960001707

Every birth occurring in the city of Baltimore shall be reported to the Commissioner of Health, within ten days after the occurrence thereof, by the attending physician or midwife, and in case there shall be neither present at the birth, then the householder or owner of the premises where the birth occurs shall report the birth as herein required, and in default of such report by any of the persons aforesaid, the parent or parents of such child shall make such report within twenty days after the birth. The report shall state the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the number entered in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in case the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73594

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 4 1896
4. Place of Birth, (Street and Number) 1164 Hanbooke St.
5. Full Name of Mother, Annie McDonald
6. Mother's Maiden Name, Annie Lohmann
7. Mother's Birthplace, Germany
8. Full Name of Father, Andrew McDonald
9. Father's ~~Occupation~~ Baltimore Md
10. Father's ~~Birthplace~~, Iron Molder

Name of Medical Attendant, or other person who makes this Return, Edw. Goeckel M.D

Address,

Remarks,

8 9 6 U 0 0 1 7 0 8

Wm. J. C. Dulany Co., City Printers and Stationers

...shall set forth as far as the same can be ascertained the full name and occupation of its parents, the date and place of birth, and the number, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation in the form of a certificate the birth of any child said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner in the form of a certificate the birth of any child attendance upon the mother, immediately after it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period shown. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73595

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 6th 96
4. *Place of Birth, (Street and Number)*	333 South St
5. *Full Name of Mother,*	Lula Dougherty
6. *Mother's Maiden Name,*	Lula Johnson
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Silas Dougherty
9. *Father's Occupation*	Baltimore Md
10. *Father's Birthplace,*	Clerk
Name of Medical Attendant, or other person who makes this Return,	Edw Gorsuch M D
Address,	
Remarks,	

8960001709

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 13th 96
4. *Place of Birth, (Street and Number)*	543 N Conway St
5. *Full Name of Mother,*	Alice K Westling
6. *Mother's Maiden Name,*	Alice K Flynn
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Daniel Westling
9. *Father's Occupation*	Gilder
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Earl Goodwin M D
Address,	
Remarks,	

8960001710.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73597

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 22

4. Place of Birth, (Street and Number) 315 S Henrietta St

5. Full Name of Mother, Mamie Hoffman

6. Mother's Maiden Name, "

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Edw Grumpler M D

Address,

Remarks,

8960001711

Wm. J. C. Dulany Co., City Printers and Stationers

The full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73598

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first Child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 26th of April
4. Place of Birth, (Street and Number) Baltimore # 31. E Henrietta st.
5. Full Name of Mother, Birdie Lansdell Wentworth.
6. Mother's Maiden Name, Birdie Lansdell Edwards.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Robert Edwin Lee Wentworth.
9. Father's Occupation, Driver.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Margret A. Lambert

Address, Mt Hope st. 10th

Remarks, Mother & baby do well

B 760001712

Wm J C. Dulany Co., City Printers and Stationers.

Every midwife shall report to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73 599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 19th of April
4. Place of Birth, (Street and Number) No 1020 Point Lane
5. Full Name of Mother, Threrese Baker
6. Mother's Maiden Name, Tustek
7. Mother's Birthplace, Germany
8. Full Name of Father, John Baker
9. Father's Occupation Labor Work
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs L Gross

Address, No 1907 E Monument St

Remarks,

8960001713

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 73600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 19th 1896
4. Place of Birth, (Street and Number) 605 Payson St
5. Full Name of Mother, Mamie Barber
6. Mother's Maiden Name, Mamie Grescls
7. Mother's Birthplace, Germany
8. Full Name of Father, John Thomas Barber
9. Father's Occupation, Collector
10. Father's Birthplace, Baltimore City — Md

Name of Medical Attendant, or other person who makes this Return, P S Fidel MD

Address, 642 N Fulton Ave

Remarks,

8960001714

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 10-22-60

RETURN OF A BIRTH. 73601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Emma R. Powell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 4/23/96
4. Place of Birth, (Street and Number) No 321 S. Eutaw
5. Full Name of Mother, Mary Powell
6. Mother's Maiden Name, Fisher
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm Powell
9. Father's Occupation Silversmith
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm L. Grass

Address, No 1907 E. Baltimore St

Remarks,

8960001715

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-1-58

RETURN OF A BIRTH.

7372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Werking ~~Ford~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 4/24/96
4. Place of Birth, (Street and Number) No 1631 N Washington St
5. Full Name of Mother, Mary Ford
6. Mother's Maiden Name, Goods
7. Mother's Birthplace, Balto
8. Full Name of Father, George Ford
9. Father's Occupation Saleswoman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Goss

Address, No 1917 E Monument Ste

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

B 9 6 0 0 0 0 1 7 1 6

RETURN OF A BIRTH. 73603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3d Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	~~[illegible]~~ 4/11
4. *Place of Birth, (Street and Number)*	Baltimore 137 W. Hamburg Street
5. *Full Name of Mother,*	Elanor E. Hartman
6. *Mother's Maiden Name,*	Elanor E. Smith
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Adam Hartman
9. *Father's Occupation*	Foreman of Shoe Factory
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Miss Barge
Address,	711 Cross St.
Remarks,	

8760001717

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st child
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	1st April
4. *Place of Birth, (Street and Number)*	Balto 717 Lemmon St
5. *Full Name of Mother,*	Johanna Wisting
6. *Mother's Maiden Name,*	Johanna Krantz
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Frederick William Wisting
9. *Father's Occupation*	Brass finisher
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Burge
Address,	717 W. Lemmon
Remarks,	

8 V 6 U 0 0 1 7 1 8

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ... case the birth of any child ... person be in ... such ... required, and ... shall be sub- ... forfeitures are recoverable. ... offence, to be recovered as other fines and

RETURN OF A BIRTH. 73605.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) twins male & female
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 4th
4. Place of Birth, (Street and Number) 710 St Peter St.
5. Full Name of Mother, Susie E. Carter
6. Mother's Maiden Name, Susie E. Carter
7. Mother's Birthplace, Fauquier County Va.
8. Full Name of Father, Wm H. Carter
9. Father's Occupation, Lab. gas worker
10. Father's Birthplace, Montgomery County Maryland

Name of Medical Attendant, or other person who makes this Return, Miss Bangi

Address, W. Lexington

Remarks,

8960001719

Wm. J. C. Dulany Co., City Printers and Stationers.

The certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Paul Fuchs

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. Sex, (state whether male or female)	Boys (Twins)
2. Race, or Color, (if not of the white race)	White
3. Date of Birth,	April 4th 1896
4. Place of Birth, (Street and Number)	1461 Columbia Ave.
5. Full Name of Mother,	Laura Emilie Lucas
6. Mother's Maiden Name,	Laura Emilie Fruehel
7. Mother's Birthplace,	Germany
8. Full Name of Father,	Nathaniel Fuchs
9. Father's Occupation	Cabinet Maker
10. Father's Birthplace,	Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs Bange
Address,	711 N. Gross St.
Remarks,	GIVEN NAME ADDED. 11-30-53 h.m.

8 9 6 0 0 0 1 7 2 0

Wm. J. C. Dulany Co., City Printers and Stationers.

...name and occupation of its parents, the date and place of birth; and the ... Coroner, the ... shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ✕ Second child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 5/96
4. Place of Birth, (Street and Number) Balto. 1003. Burgundy alley
5. Full Name of Mother, Mary E. Dawn,
6. Mother's Maiden Name, Mary E. Koch
7. Mother's Birthplace, Hofingen. Germany
8. Full Name of Father, John Dawson Jr
9. Father's Occupation Truck. maker
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Bauge 711 Lowest

Address, ~~John Dawson Jr~~ 1003 Burgundy alley

Remarks,

8766001721

Wm. J. C. Dulany Co., City Printers and Stationers.

SAFETY FILM KODAK

RETURN OF A BIRTH. 73608

GIVEN NAME ADDED 8-9-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Ellen ~~Weber~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) German Decent
3. Date of Birth, Sunday April 5th 1896
4. Place of Birth, (Street and Number) 634 W. Lee St Baltimore Md
5. Full Name of Mother, Georgia Josephine Weber.
6. Mother's Maiden Name, Georgia Josephine Frisch
7. Mother's Birthplace, Born in Baltimore Md.
8. Full Name of Father, George Henry Weber
9. Father's Occupation Glass Blower
10. Father's Birthplace, Born in Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Burge

Address, 711 [illegible]

Remarks.

S76U0017722

Wm. J. C. Dulany Co., City Printers and Stationers.

practitioner in the form of a certificate between the first and ... the Commissioner of Health. In case the birth of any child ... or practioner of midwifery, or should no other person be in ... shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such ... attendance upon the mother, immediately thereafter it shall be sub... child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6th April.
4. Place of Birth, (Street and Number) 520 W. Conway St.
5. Full Name of Mother, Ida M. Heimerding
6. Mother's Maiden Name, Engleman
7. Mother's Birthplace, Easton Talbot County Md.
8. Full Name of Father, Reinhardt F. Heimerding
9. Father's Occupation Carver & Bell Hanger
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 W Cross st.

Remarks,

8966000017223

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Children. Mail Child.

1. Sex, (state whether male or female) White.
2. Race or Color, (if not of the white race)
3. Date of Birth, Six day of April.
4. Place of Birth, (Street and Number) 615. White street.
5. Full Name of Mother, Rickie Hellmann.
6. Mother's Maiden Name, Rickie Monenk.
7. Mother's Birthplace, Germanic.
8. Full Name of Father, Willman Hellmann.
9. Father's Occupation Cigar Maker.
10. Father's Birthplace, Germanic.

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N Gross st.

Remarks.

8760001724

Wm. J. C. Dulany Co., City Printers and Stationers.

The Name of the Child, if it has been named, shall be entered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and shall occur without the attendance of a physician or practitioner, to report its birth to the office of the Commissioner of Midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and shall occur without the attendance of a physician or practitioner, to report its birth to the office of the Commissioner of Health, in the manner and within the period above required, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 d.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) wite
3. Date of Birth, April 10.
4. Place of Birth, (Street and Number) Cleveland str. 1165
5. Full Name of Mother, Mary Gross.
6. Mother's Maiden Name, Maria Tileist
7. Mother's Birthplace, Neustettin.
8. Full Name of Father, William Gross.
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, M. Mange

Address, 711 N. Broad.

Remarks,

8760001725

Wm. J. C. Dulany Co., City Printers and Stationers.

...delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 13 April 96
4. Place of Birth, (Street and Number) East Hill street No. 12.
5. Full Name of Mother, Elizabeth Kiefer
6. Mother's Maiden Name, " " Keller
7. Mother's Birthplace, Germany
8. Full Name of Father, France Joseph Kiefer
9. Father's Occupation Cook.
10. Father's Birthplace, Switzerland

Name of Medical Attendant, or other person who makes this Return, Mrs Bauge

Address, 711 W Cross st

Remarks,

8 9 6 0 0 0 1 7 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Such Certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73613.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 & child

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 16. 1896.
4. Place of Birth, (Street and Number) 807 South Paca St
5. Full Name of Mother, Sarah Elizabeth Harvey.
6. Mother's Maiden Name, Sarah Elizabeth Deaver
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward Harry Harvey
9. Father's Occupation Shoemaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Lowe

Address, 711 N. Crow st

Remarks,

8466001727

Wm. J. C. Dulany Co., City Printers and Stationers.

State Statute shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-1-56

RETURN OF A BIRTH. 13614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Theodosia Susan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Lapp

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 17th 1896
4. Place of Birth, (Street and Number) 1186 Cleveland st
5. Full Name of Mother, Mrs Theodosia Lapp
6. Mother's Maiden Name, Theodosia La Barrier
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles B Lapp
9. Father's Occupation Car Repairer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Bauge

Address, 711 N Gay st

Remarks.

REG-APRIL 1896

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8760001728

RETURN OF A BIRTH. 73615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) June.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sunday, April 19.
4. Place of Birth, (Street and Number) 779 W. Cross St.
5. Full Name of Mother, Maggie Estella Harvey
6. Mother's Maiden Name, Maggie Estella Evitt
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, John C. H. Harvey
9. Father's Occupation Printer.
10. Father's Birthplace, Washington, D. C.

Name of Medical Attendant, or other person who makes this Return, Mrs Bauge

Address, 779 W. Cross St

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

B 7 6 U 0 0 1 7 2 9

RETURN OF A BIRTH. 73616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) X Male

2. Race or Color, (if not of the white race) —

3. Date of Birth, April 23. 96

4. Place of Birth, (Street and Number) 2006 Orleans st.

5. Full Name of Mother, Mrs. Ella May Brooks Keller

6. Mother's Maiden Name, Wife " " Brooks

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Samuel Henry Keller

9. Father's Occupation Tea Dealer

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, G. G. Runke M.D.

Address, 2006 E. Baltimore St.

Remarks, Forceps delivery

8460001730

Wm. J. C. Dulany Co., City Printers and Stationers.

said scheme shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 23rd 1896
4. *Place of Birth, (Street and Number)*	925 Conover St.
5. *Full Name of Mother,*	Lizzie J. Jacob.
6. *Mother's Maiden Name,*	Lizzie J. Willershausen
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Geo. D. Jacob
9. *Father's Occupation*	Foreman
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Miss Bangle
Address,	711 N. Grove
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

6460001731

RETURN OF A BIRTH. 73618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth (4)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 24 1906

4. Place of Birth, (Street and Number) 1131 Hamburg St

5. Full Name of Mother, Mary R Cawood

6. Mother's Maiden Name, " " Owings

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Edwin L Cawood

9. Father's Occupation Clerk

10. Father's Birthplace, St Marys County Md

Name of Medical Attendant, or other person who makes this Return, Mrs Barge

Address, 711 N. Eutaw St

Remarks,

S 4 6 U 0 0 1 7 3 2

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 2nd 1896
4. *Place of Birth, (Street and Number)* 333 S. Ann st
5. *Full Name of Mother,* Annie E. Hanson.
6. *Mother's Maiden Name,* Annie E. Haas
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Washington Hanson
9. *Father's Occupation* Clerk.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs M. E. Dungay

Address, 2225 Bank st City

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001733

said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ond

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, April 7th 1896
4. Place of Birth, (Street and Number) 528 Bethel St
5. Full Name of Mother, Eugene Kelly.
6. Mother's Maiden Name, Eugene Addamson.
7. Mother's Birthplace, West Indies.
8. Full Name of Father, Thomas Kelly.
9. Father's Occupation Black Smith.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. M. E. Perego

Address, 2225 Bank St

Remarks, City

B 9 6 U 0 0 1 7 3 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Died Colored; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73621

NAME ADDED 3/24/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: ANITA GERTRUDE FREDERICK

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 11th 96
4. *Place of Birth, (Street and Number)*	No. 613 N. Franklin St.
5. *Full Name of Mother,*	Rose A. Frederick
6. *Mother's Maiden Name,*	Rose A. Buschman
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Martin L. Frederick
9. *Father's Occupation*	Store business
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	H. Jenkins
Address,	402 Cathedral St.
Remarks,	

8960001735

said schedule shall be delivered, daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 14th 1896.
4. *Place of Birth, (Street and Number)*	614 S. Mc Henry st
5. *Full Name of Mother,*	Jennie Swaggan
6. *Mother's Maiden Name,*	Jennie Lahmer.
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Thomas Swaggan,
9. *Father's Occupation*	Laborer,
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs M. E. Peregoy
Address,	2225 Bank st
Remarks,	City

8960001736

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 and

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 4th 1896
4. *Place of Birth, (Street and Number)* 2273 E. Fayette St.
5. *Full Name of Mother,* Elizabeth Farr
6. *Mother's Maiden Name,* Elizabeth Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Farr
9. *Father's Occupation* Brick Layer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs M. E. Bruce

Address, 2225 Bank St

Remarks, City.

8960001737

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 73654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race) Black
3. Date of Birth, April 17
4. Place of Birth, (Street and Number) 1129 Division St
5. Full Name of Mother, Lilly Reynolds
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto City
8. Full Name of Father, Benjamin Simms
9. Father's Occupation Painter
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Dr Chas. Hack

Address, 647 N Fayette Ave

Remarks,

8960001738

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 18th 1896

4. Place of Birth, (Street and Number) 510 S Durham st

5. Full Name of Mother, Martha Webb

6. Mother's Maiden Name, Martha Wetman

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward Webb.

9. Father's Occupation Baker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H. E. Peggy

Address, 225 Bank st.

Remarks, City

8960001739

Wm. J. C. Dulany Co., City Printers and Stationers.

The full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 19th 1896.
4. Place of Birth, (Street and Number) 619 S. Rose St.
5. Full Name of Mother, Mary E. Florida
6. Mother's Maiden Name, Mary E. Gilbrant.
7. Mother's Birthplace, Germany.
8. Full Name of Father, John H. Florida
9. Father's Occupation Laborer.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs. K. L. Peugy

Address, 225 Bank St. City

Remarks,

8960001740

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person within said time become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73627

GIVEN NAME ADDED 10-17-67

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: ANTHONY ~~FRANC~~ is DEMPSEY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	April 20 '67
4. *Place of Birth, (Street and Number)*	1058 Hanbert St
5. *Full Name of Mother,*	Mrs Bridget Dempsey
6. *Mother's Maiden Name,*	Bridget Reiley
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	John Dempsey
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Miriam O'Connor
Address,	1112 Hanbert St
Remarks,	

8960001741

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name. Elizabeth Lutz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 20th 1896
4. *Place of Birth, (Street and Number)* 2803 Fait Ave.
5. *Full Name of Mother,* Mary Lutz
6. *Mother's Maiden Name,* Mary Lucke
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Morton Lutz.
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary E. Pierce

Address, 2225 Bank St

Remarks, Colt

8960001742

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73629

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health, and the shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 22nd 1896.
4. *Place of Birth, (Street and Number)*	1938 Edmondson Ave
5. *Full Name of Mother,*	Fannie C. Ball
6. *Mother's Maiden Name,*	Fannie C. Hedgeman
7. *Mother's Birthplace,*	Georgetown. D.C.
8. *Full Name of Father,*	Isaac Lauck Ball
9. *Father's Occupation*	Clerk
10. *Father's Birthplace,*	Virginia
Name of Medical Attendant, or other person who makes this Return,	Addison C. Fox M.D
Address,	1205 W Fayette Street
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001743

RETURN OF A BIRTH. 73630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Born April 23 1896
4. Place of Birth, (Street and Number) #2219 W. Balto St
5. Full Name of Mother, Mrs. Mary Schroeder
6. Mother's Maiden Name, Miss. Mary Smith
7. Mother's Birthplace, Bayern Germany
8. Full Name of Father, Mr. John Schroeder
9. Father's Occupation Saloon
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Mrs. Hiller

Address, #2008 W. Mc Henry St

Remarks,

8960001744

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 23rd 1896.

4. Place of Birth, (Street and Number) 1224 Bank St.

5. Full Name of Mother, Mary Smith.

6. Mother's Maiden Name, Mary Roth.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Isaac N. W. Smith.

9. Father's Occupation Manager & Lighter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs M. E. Gregory

Address, 1225 E Bank St. City

Remarks,

8960001745

Wm. J. C. Dulany Co., City Printers and Stationers.

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Apr. 26, 96.
4. Place of Birth, (Street and Number) 906 Little Pine St. Balto.
5. Full Name of Mother, Sylvia Elizabeth Barber
6. Mother's Maiden Name, " " Chisley
7. Mother's Birthplace, Maryland
8. Full Name of Father, James Wesley Barber.
9. Father's Occupation
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Dr. S.A. Roper.

Address, Md. Hom. Hospital

Remarks,

8960001746

Wm. J. C. Dulany Co., City Printers and Stationers

The Commissioner of Health shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	25th April
4. *Place of Birth, (Street and Number)*	1104 Bayard St
5. *Full Name of Mother,*	Emma Virginia Nicholson
6. *Mother's Maiden Name,*	" " Bankhead
7. *Mother's Birthplace,*	Burundel Co.
8. *Full Name of Father,*	James E. Nicholson
9. *Father's Occupation*	Viner
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	Mrs Bond
Address,	714 E Cross St
Remarks,	

Said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 9 6 0 0 0 1 7 4 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	29 April
4. *Place of Birth, (Street and Number)*	1119 William st.
5. *Full Name of Mother,*	Annie Long
6. *Mother's Maiden Name,*	Annie Ludwig
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	William Long
9. *Father's Occupation*	Conductor
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	Mar Barge M.D.
Address,	711 N. Gilmor st.
Remarks,	

6760001748

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73635

GIVEN NAME ADDED 9-14-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Jacob A. Treadle

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Children
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 1st 1906
4. *Place of Birth, (Street and Number)*	26 E Barney St
5. *Full Name of Mother,*	Lena Treadle
6. *Mother's Maiden Name,*	Meridan
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Jacob Treadle
9. *Father's Occupation*	Paper Glass & Tin
10. *Father's Birthplace,*	England
Name of Medical Attendant, or other person who makes this Return,	Mrs E K Brooks
Address,	878 2nd St
Remarks,	Dr Ring Weld

8960001749

Wm. J. C. Dulany Co., City Printers and Stationers.

...ject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-

...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and

...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such

...shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in

...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child

...the Board of Health, Baltimore City, signed by the practitioner in the form of a certificate between the first and

RETURN OF A BIRTH. 73636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 1st 1896
4. Place of Birth, (Street and Number) 841 E. Lombard St.
5. Full Name of Mother, Basha Seidel
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Louis Seidel
9. Father's Occupation Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Bernstein

Address, 122 S. Exeter Str.

Remarks, 1896000175 0

1896000175 0

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 2nd 1896
4. Place of Birth, (Street and Number) 2524 N. Forth Ave.
5. Full Name of Mother, Rose Zamoiski
6. Mother's Maiden Name, Rose Bernstein
7. Mother's Birthplace, Russia
8. Full Name of Father, Joseph M. Zamoiski
9. Father's Occupation Electrician
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

8960001751

Wm. J. C. Dulany Co., City Printers and Stationers.

been collected its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W White
3. *Date of Birth,* 2 April 1896
4. *Place of Birth, (Street and Number)* 1339 W Baltimore St
5. *Full Name of Mother,* Nettie Terry
6. *Mother's Maiden Name,* Miller
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles Terry
9. *Father's Occupation* Watchman
10. *Father's Birthplace,* Balto Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs L E Brady

Address, 1228 Light St

Remarks, Comp Well

8960001752

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 1896
4. Place of Birth, (Street and Number) 1411 E Pratt St
5. Full Name of Mother, Cassie Slagle
6. Mother's Maiden Name, Myers
7. Mother's Birthplace, Balto
8. Full Name of Father, Isaac L Slagle
9. Father's Occupation Painter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs L E Sanders

Address, 1808 Aisquith

Remarks, Born Well

8960001753

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Colored

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Mulatto

3. *Date of Birth,* 8 April 1900

4. *Place of Birth, (Street and Number)* 13 West

5. *Full Name of Mother,* Sarah L Mason

6. *Mother's Maiden Name,* Bell

7. *Mother's Birthplace,* Baltimore Maryland

8. *Full Name of Father,* George W Mason

9. *Father's Occupation* Tailor

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm L Chambers

Address, 821 Druid Hill Ave

Remarks, Mother Wm L C

8960001754

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Colored

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 1911 Dixwell Ave
4. Place of Birth, (Street and Number) Maryland Lunatic Asylum
5. Full Name of Mother, Lucy Cassedy
6. Mother's Maiden Name, Ball
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Ira
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. C. A. Broadus

Address, 1828 Druid Hill Ave

Remarks, Born Well

8960001755

In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, 2 Jan 1946
4. Place of Birth, (Street and Number) 1211 Pennsylvania Ave
5. Full Name of Mother, Mary E Crawford
6. Mother's Maiden Name, V Murphy
7. Mother's Birthplace, Balto
8. Full Name of Father, John W Crawford
9. Father's Occupation Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm H Broadus

Address, 1328 Eight Ave

Remarks, Living, Well

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960001756

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73643

CERTIFICATE CORRECTED 2-14-29

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Jacob Friedlander

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 11th 1896
4. Place of Birth, (Street and Number) 201 S. Exeter str.
5. Full Name of Mother, Goldie Friedlander
6. Mother's Maiden Name, " Weisberg
7. Mother's Birthplace, Europe
8. Full Name of Father, Jacob Friedlander
9. Father's Occupation Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C Bernstein

Address, 122 S. Exeter str.

Remarks,

S 9 6 0 0 0 1 7 5 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Colored

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 April 1896
4. Place of Birth, (Street and Number) 1207 Ballard ave
5. Full Name of Mother, Susie Gassaway
6. Mother's Maiden Name, Burns
7. Mother's Birthplace, Balto
8. Full Name of Father, Daniel Gassaway
9. Father's Occupation Mechanic
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E. A. Broadus

Address, 1208 Ridgely

Remarks, Born Well

8960001758

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed by the practitioner in the form to which this certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

36.]

RETURN OF A BIRTH. 73645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race)
3. Date of Birth, April. 12/96
4. Place of Birth, (Street and Number) 140 N Exeter St.
5. Full Name of Mother, Dora Freidman
6. Mother's Maiden Name, Dora Gold.
7. Mother's Birthplace, Polen
8. Full Name of Father, David Freidman
9. Father's Occupation Shoemaker.
10. Father's Birthplace, Polen

Name of Medical Attendant, or other person who makes this Return, Ino R Goldsmith

Address,

Remarks,

8960001759

Wm. J. C. Dulany Co,. City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 & Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 April 1906
4. Place of Birth, (Street and Number) 228 Hall St
5. Full Name of Mother, Lillie Laird
6. Mother's Maiden Name, Berry
7. Mother's Birthplace, Balto
8. Full Name of Father, Charles Laird
9. Father's Occupation Harness Maker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. L. A. Scarpa

Address, 228 Hall St

Remarks, Dang / Well

8960001760

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED, 10-22-63

RETURN OF A BIRTH. 73647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Cyril A. Marley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Negro

3. Date of Birth, 10th October 1896

4. Place of Birth, (Street and Number) 1617 Columbus st

5. Full Name of Mother, Cecelia Marley

6. Mother's Maiden Name, Henderson

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Wm. Thos. Marley

9. Father's Occupation Sailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. E. L. Brooks

Address, 1828 Eden st

Remarks, Living

8960001761

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Colored

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Col'd
3. *Date of Birth,* 13 April 1896
4. *Place of Birth, (Street and Number)* 2027 Johnson Ave
5. *Full Name of Mother,* Mary A. Ridgely
6. *Mother's Maiden Name,* Foote
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Samuel Ridgely
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Dr. E. K. Brooks

Address, 858 Lafayette Ave

Remarks, Born at Home

8960001762

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 a Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 14 April 1896

4. *Place of Birth, (Street and Number)* 2212 N. Main st

5. *Full Name of Mother,* Carrie Brown Webb

6. *Mother's Maiden Name,* Ball

7. *Mother's Birthplace,* Virginia

8. *Full Name of Father,* Truman Matthais Jim Hope

9. *Father's Occupation* Ball

10. *Father's Birthplace,* Yes & C Brades

Name of Medical Attendant, or other person who makes this Return, Dr. E. Ashbrook Wall

Address, 2228 Eutaw Pl

Remarks, Resp Well

8960001763

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 14th 1896
4. Place of Birth, (Street and Number) 23 S. High str.
5. Full Name of Mother, Jennie Caplan
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Max Caplan
9. Father's Occupation Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein
127 S. Exeter st.

Address,

Remarks,

8960001764

...been committed its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other persons of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73651

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: MICHAEL ~~GOLDSTEIN~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 15th 1896
4. Place of Birth, (Street and Number) 112 S. Exeter st.
5. Full Name of Mother, Minnie Goldstein
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Louis Goldstein
9. Father's Occupation Tailor
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Bernstein

Address, 122 S. Exeter str.

Remarks,

GIVEN NAME ADDED
3/9/66

1896 0001765

Wm. J. C. Dulany Co., City Printers and Stationers

Each child born alive in Baltimore City shall be registered, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 & Illegit

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Feb 13 1896

4. *Place of Birth, (Street and Number)* 1121 Lexington st

5. *Full Name of Mother,* Mary E Hartman

6. *Mother's Maiden Name,* Case

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* George Hartman

9. *Father's Occupation* Boatman

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E A Woodall

Address, 1121 Lexington st

Remarks, Colored

8960001766

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-28-59

RETURN OF A BIRTH. 73653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rosa Hamburger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 17th 1896
4. Place of Birth, (Street and Number) 530 S. Bond st.
5. Full Name of Mother, Rachel Hamburger
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Morris Hamburger
9. Father's Occupation Merchant
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter str.

Remarks.

B 9 6 0 0 0 0 1 7 6 7

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred. Its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April 19th 1896

4. Place of Birth, (Street and Number) 1322 Whatcoat Stret. Balto

5. Full Name of Mother, Anna Belle Young.

6. Mother's Maiden Name, Anna Belle Booth

7. Mother's Birthplace, Balto. County.

8. Full Name of Father, Clarence Young.

9. Father's Occupation Porter. In Wholesale druggist.

10. Father's Birthplace, Balto. County.

Name of Medical Attendant, or other person who makes this Return, Mrs. Maria Jones

Address, 1337 Whatcoat Stret.

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

8960001768

RETURN OF A BIRTH. 73655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) —

3. Date of Birth, April 30. 96

4. Place of Birth, (Street and Number) 151 Aliceanna Ave

5. Full Name of Mother, Mrs. Louisa Ida Powell K Lamasney

6. Mother's Maiden Name, Mrs " " Powell

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, John Franklin K Lamasney

9. Father's Occupation Cashier & Uncle Sams Saving Bank

10. Father's Birthplace, Baltimore, Md. ?

Name of Medical Attendant, or other person who makes this Return, G. G. Lynch M. D.

Address, 1000 E. Back St.

Remarks, Natural delivery

8960001769

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 20th 1896
4. *Place of Birth, (Street and Number)* 229 N. Calvert st.
5. *Full Name of Mother,* Loretta Gefsie
6. *Mother's Maiden Name,* Sentte
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* John Gefsie
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter str.

Remarks,

8960001770

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 21st 1896
4. *Place of Birth, (Street and Number)* cor. Lombard + Exeter sts.
5. *Full Name of Mother,* Esther Fuchs
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Simon Fuchs
9. *Father's Occupation* Labourer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

8460001771

RETURN OF A BIRTH. 73658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Colored

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* 2 Oct 96

4. *Place of Birth, (Street and Number)* 1116 Fremont Ave

5. *Full Name of Mother,* Lena Williams

6. *Mother's Maiden Name,* Hagel

7. *Mother's Birthplace,* Va

8. *Full Name of Father,* Henry Williams

9. *Father's Occupation* Waiter

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Wm E K Brady

Address, 1128 Druid

Remarks, Corrected

8960001772

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Colored

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 21 April 1896
4. Place of Birth, (Street and Number) 223 Grindall st
5. Full Name of Mother, Mary E. Grace Kluiser
6. Mother's Maiden Name, Wells
7. Mother's Birthplace, Maryland Germany
8. Full Name of Father, Wm Sanders
9. Father's Occupation Waiter
10. Father's Birthplace, Md Md

Name of Medical Attendant, or other person who makes this Return, Wm E. Wells

Address, 822 Orleans

Remarks, Wells

8960001773

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Colored

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22 April 1896

4. Place of Birth, (Street and Number) 709 Battery Ave

5. Full Name of Mother, Carrie E. Baker

6. Mother's Maiden Name, Barbara

7. Mother's Birthplace, Balto

8. Full Name of Father, George H. Baker

9. Father's Occupation Gator

10. Father's Birthplace, Matthews Co Va

Name of Medical Attendant, or other person who makes this Return, Mrs E A Brooks

Address, 1529 Eyler

Remarks, Corp Wash

8960001774

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 & Illegal

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 23 April 1866

4. Place of Birth, (Street and Number) 1766 S Charles

5. Full Name of Mother, Ada E Longsbury

6. Mother's Maiden Name, Wolf

7. Mother's Birthplace, Germany

8. Full Name of Father, Claude Stansbury

9. Father's Occupation Machinist

10. Father's Birthplace, Annapolis

Name of Medical Attendant, or other person who makes this Return, Mrs E F Brooks

Address, 1822 E Eighth

Remarks, Ward 11

8960001775

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Balto April 24/96
4. Place of Birth, (Street and Number) 812 E. Charles St. Balto.
5. Full Name of Mother, Rosa Shaivavitz
6. Mother's Maiden Name, Rosa Kadonavitz
7. Mother's Birthplace, Russia
8. Full Name of Father, Woras Shaivavitz
9. Father's Occupation Furniture Store
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Barber

Address, 416 E Fark St. Balto City.

Remarks,

8 9 6 0 0 0 1 7 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73663

GIVEN NAME ADDED 4-14-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edna Marie ~~Shader~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 25th 1896

4. Place of Birth, (Street and Number) #627 S. Montford Baltimore

5. Full Name of Mother, Minnie Shader

6. Mother's Maiden Name, Minnie Merriman.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Charles Shader.

9. Father's Occupation, Labour.

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor

Address, #611 S. Patterson Pk. Ave.

Remarks,

8460001777

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 26th 1896
4. Place of Birth, (Street and Number) No 553 walnut alley
5. Full Name of Mother, Annie Dailey
6. Mother's Maiden Name, Annie Comely
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, Louis Ellsworth Dailey
9. Father's Occupation Drayster
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, Mary Ann Mason

Address, 537 walnut alley

Remarks, X Baltimore Maryland

8960001778

Wm. J. C. Dulany Co., City Printers and Stationers.

All midwives shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9 April 1896
4. Place of Birth, (Street and Number) 1133 Williams
5. Full Name of Mother, Rosa Schumann
6. Mother's Maiden Name, Freeman
7. Mother's Birthplace, Balto
8. Full Name of Father, Walter Schumann
9. Father's Occupation Engineer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm. L. L. Brooks

Address, 823 Light

Remarks, Born Well

8960001779

Wm. J. C. Dulany Co., City Printers and Stationers.

(236.)

RETURN OF A BIRTH. 73666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race)
3. Date of Birth, April 26/96
4. Place of Birth, (Street and Number) 104 Cardone Ln
5. Full Name of Mother, Ella Epstine
6. Mother's Maiden Name, Ella Wolfson
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Epstine
9. Father's Occupation Presser
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs R Goldsmith

Address,

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

6 9 6 0 0 0 1 7 8 0

236.]

RETURN OF A BIRTH. 73667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 27. 96

4. Place of Birth, (Street and Number) 119 N High St

5. Full Name of Mother, Beckey Swartz

6. Mother's Maiden Name, Beckey Jacobs.

7. Mother's Birthplace, Russia

8. Full Name of Father, Soloman Swartz

9. Father's Occupation Tailor

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs R Goldsmith

Address,

Remarks,

6 9 6 0 0 0 1 7 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 43668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27th April 1896.
4. Place of Birth, (Street and Number) #513 Fultzmanse Court. Balto
5. Full Name of Mother, Louisa Hubbard
6. Mother's Maiden Name, Louisa Wanger
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Wm. Hubbard
9. Father's Occupation, Labour.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary N Taylor
Address, # 611 S. Patterson Pk. Ave.
Remarks,

8760001782

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 29th 1896
4. *Place of Birth, (Street and Number)*	2103 Frederick ave
5. *Full Name of Mother,*	Elizabeth Schmuelgen
6. *Mother's Maiden Name,*	Elizabeth Knopp
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	Arther Schmuelgen
9. *Father's Occupation*	Teamster
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Dr G. W. Kenyard
Address,	708 Eason Street
Remarks,	Full developed 10 4 lbs

1896 0001283

Wm. J. C. Dulany Co., City Printers and Stationers.

1896 0001283

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73670

GIVEN NAME ADDED 2-26-62 CERTIFICATE CORRECTED 4-3-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Henry Edward Bruning

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Cabulot

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 April 1896
4. *Place of Birth, (Street and Number)* 613 Race St
5. *Full Name of Mother,* Mary (Brown) Bruning
6. *Mother's Maiden Name,* Charles
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* George (Brown) Bruning
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm & K Brooks

Address, 1538 Eutaw St

Remarks, Born Well

8960001784

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 12671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 20, 1896
4. *Place of Birth, (Street and Number)*	1721 E. Eager St
5. *Full Name of Mother,*	Mary E. King
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Baltimore, Md.
8. *Full Name of Father,*	Frank A. King
9. *Father's Occupation,*	Carpenter
10. *Father's Birthplace,*	Kent Co. Md
Name of Medical Attendant, or other person who makes this Return.	W. H. White, M.D.
Address,	1101 N. Broadway
Remarks,	This child died immediately after birth.

8460001785

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 73672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	1st of April 96.
4. *Place of Birth, (Street and Number)*	2105 Christian St.
5. *Full Name of Mother,*	Mina Sabolnek
6. *Mother's Maiden Name,*	Mina Marsek
7. *Mother's Birthplace,*	Pole
8. *Full Name of Father,*	Anton Sabolnek
9. *Father's Occupation*	Taylor
10. *Father's Birthplace,*	Pole
Name of Medical Attendant, or other person who makes this Return.	Friederike Keuler Midwife
Address,	2116 W. Pratt St.
Remarks,	

8 9 6 0 0 0 1 7 8 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 1st 1896
4. *Place of Birth, (Street and Number)* 109 N Fayette St
5. *Full Name of Mother,* Mary Laessig
6. *Mother's Maiden Name,* Beckman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Henry Laessig Jr
9. *Father's Occupation* Draughtsman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Chas E Ladell M.D.

Address, 1139 Dolphin St

Remarks,

8960001787

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH. 73674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st "

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr (2) 3 96
4. Place of Birth, (Street and Number) 311 E Lexington St
5. Full Name of Mother, Mrs Hattie Preside Hadley
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto
8. Full Name of Father, Charles Hadley
9. Father's Occupation Plumber
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, E. E. Lemmon M.D

Address, Union Square

Remarks, Full name of child - Clarence W Hadley

8960001788

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 4 April
4. Place of Birth, (Street and Number) 1027 Cathal St.
5. Full Name of Mother, Maria Branchmitt
6. Mother's Maiden Name, Dennisch
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Peter Branchmitt
9. Father's Occupation Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Central Avenue

Remarks,

8960001789

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Apr 7 1916
4. Place of Birth, (Street and Number) 1 E. Fayette St
5. Full Name of Mother, Ida Griffith
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, M. R. Erwin M.D.

Address, 622 W. Lombard

Remarks,

8960001790

been conferred) its sex, color, the particulars and description required in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	April 2nd 96
4. *Place of Birth, (Street and Number)*	#627 W. Lombard St.
5. *Full Name of Mother,*	Hannah Richardson
6. *Mother's Maiden Name,*	not known
7. *Mother's Birthplace,*	"
8. *Full Name of Father,*	not known
9. *Father's Occupation*	" "
10. *Father's Birthplace,*	" "
Name of Medical Attendant, or other person who makes this Return.	M. R. Bonn M.D.
Address,	#627 W Lombard St
Remarks,	

8960001791

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Apr. 2nd 96
4. Place of Birth, (Street and Number) 879 Raborg St
5. Full Name of Mother, Mosta Gross
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, M. R. Bruin M.D.

Address, 622 W. Lombard.

Remarks,

8960001792

Wm. J. C. Dulany Co., City Printers and Stationers.

been collected, in each case, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 4th 96
4. Place of Birth, (Street and Number) 672 W. Lombard St
5. Full Name of Mother, Sarah Gunder
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, M. R. Brown M.D.

Address, 672 W. Lombard.

Remarks,

8960001793

Wm. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of each parent, in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Apr 4th 96
4. Place of Birth, (Street and Number) 639 Eden alley
5. Full Name of Mother, Lizzie Carlwell
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Wm R. Bowie M.D.

Address, 622 W. Lombard

Remarks,

8960001794

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and every mouth to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office or practioner of midwifery, or should no other person or parents of such attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall occur without the attendance of a physician or practioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 6th 96
4. Place of Birth, (Street and Number) 612 W. Lombard
5. Full Name of Mother, Fannie Rayner
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. M. R. Brown M.D.

Address,

Remarks,

8960001795

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 8th 96
4. Place of Birth, (Street and Number) 622 W. Lombard
5. Full Name of Mother, Estella Barger
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. M. R. Brown M.D. 622 W. Lombard

Address,

Remarks,

8960001796

Wm. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, of a certificate between the first and form of the practitioner in the of Health. In case the birth of any child said schedule shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and shall occur without the Commissioner of Health, in the manner and within the provisions of this section shall be subchild to report its birth to the Commissioner fail to comply with the provisions of this section are recoverable. any such person or persons who shall hereafter fail to comply with the fines and forfeitures as other fines and forfeitures to be recovered as other offence, to be recovered as other jected to the fine of ten (10) dollars for each offence,

RETURN OF A BIRTH. 73683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Apr 16th 19

4. Place of Birth, (Street and Number) 1359 Wood St

5. Full Name of Mother, Mary Fowler

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, M. P. Bowie M.D.

Address, 672 Lombard St

Remarks,

8966001797

said schedule shall be delivered, duly signed by the practitioner in the case, to the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73 684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	April 16th 96
4. Place of Birth, (Street and Number)	622 W. Lombard
5. Full Name of Mother,	Lizzie Saunders
6. Mother's Maiden Name,	
7. Mother's Birthplace,	
8. Full Name of Father,	
9. Father's Occupation	
10. Father's Birthplace,	
Name of Medical Attendant, or other person who makes this Return,	M. R. Bruin M.D.
Address,	622 W. Lombard
Remarks,	

8960001798

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7036 51

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 16th 46
4. *Place of Birth, (Street and Number)* 622 W. Lombard
5. *Full Name of Mother,* Francis Pratt
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M. R. Brown M.D.

Address, 622 W. Lombard

Remarks,

8960001799

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 6th 96
4. *Place of Birth, (Street and Number)* 947 Bolton St.
5. *Full Name of Mother,* Mary Savoy
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Wm. C. Dennis M.D.

Address, 624 W. Lombard.

Remarks,

8960001800

Wm. J. C. Dulany Co., City Printers and Stationers.

been counted in sex, color, the full name and occupation of the parents, as the case may be, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male-
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* Nov. 17th 96
4. *Place of Birth, (Street and Number)* 331. Race St.
5. *Full Name of Mother,* Henrietta Nelson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. M. R. Brown M. D.

Address, 622 W. Lombard

Remarks,

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960001801

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 17th 9a.
4. *Place of Birth, (Street and Number)* 627 W. Lombard
5. *Full Name of Mother,* Fannie Smith
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M. R. Brune M.D.

Address, 627 W. Lombard

Remarks,

Wm. C. Dulany Co., City Printers and Stationers.

8960001802

RETURN OF A BIRTH. 73659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) C
3. Date of Birth, Apr. 17th 96
4. Place of Birth, (Street and Number) 666 Vincent Alley
5. Full Name of Mother, Alberta Freeman
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, M. R. Brain M.D.

Address, 624 Lombard

Remarks,

8 9 6 0 0 0 1 8 0 3

said schedule shall be delivered, duly signed, at the office of the Commissioner of Health, or should no other person of such third day of each and every month to the office of a physician or practioner of midwifery, of the person or parents of such shall occur without the attendance of a physician or practioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of such person to be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

7388
23691

'e Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Mother, (state whether 1st, 2d, 3d, &c.)	2
te whether male or female)	Male
ace or Color, (if not of the white race)	White
Date of Birth,	April 18th 96
lace of Birth, (Street and Number)	672 W. Lombard
ame of Mother,	Teresa Keel
Maiden Name,	
Birthplace,	
of Father,	
upation	
rthplace,	
dical Attendant, or other person who makes this Return.	Dr. R. Brune 672 W. Lombard

8960001804

nd Stationers

RETURN OF A BIRTH. 73692

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

lother, (state whether 1st, 2d, 3d, &c.) 3

chether male or female) Male

white race) C

Apr. 15th 76

iber) N. E. Penn Alley

Near Rucks

place,

al Attendant, or other person who makes this Return, Wm. R. Brown M.D.

622 W. Lombard

8960001805

and Stationers.

RETURN OF A BIRTH. 73693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apr 19th 16
4. *Place of Birth, (Street and Number)* 627 W. Lombard
5. *Full Name of Mother,* Bessie Stanley
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M. R. Brin M D

Address, 627 W Lombard

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001806

RETURN OF A BIRTH. 73694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 19th 96
4. *Place of Birth, (Street and Number)* 627 W Lombard
5. *Full Name of Mother,* Cora Stanford
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M. C. Bruni M D

Address, 627 W Lombard

Remarks,

84 6 0 0 0 1 8 0 7

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain the name on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apr 20th 96
4. *Place of Birth, (Street and Number)* 672 W Fayette
5. *Full Name of Mother,* Minnie Brady
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M. R. Brunn M.D

Address, 672 W. Fayette

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8700001808

RETURN OF A BIRTH. 73696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Apr. 20th 96.
4. *Place of Birth, (Street and Number)* 876 W. Fayette St.
5. *Full Name of Mother,* Annie Stockenberg
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M. P. Brown M.D

Address, 672 W. Lombard St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8966000018099

RETURN OF A BIRTH. 73697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* W.

3. *Date of Birth,* Apr. 21st 9.

4. *Place of Birth, (Street and Number)* 18 South Greene St

5. *Full Name of Mother,* Mistress Dulany

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Wm R. Bouis M.D.

Address, 622 W. Lombard.

Remarks,

Health. This schedule shall contain a list of the births which have occurred under his or her care during the mouth, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

5 9 6 0 0 0 1 8 1 0

RETURN OF A BIRTH. 73698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred, to be furnished by the Commissioner of month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* C

3. *Date of Birth,* Apr 7th 96

4. *Place of Birth, (Street and Number)* S. 76 W. Biddle Alley.

5. *Full Name of Mother,* Virginia Cook

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, W. R. Bryan M.D.

Address, 622 W. Lombard.

Remarks,

8960001811

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	C
3. *Date of Birth,*	Apr. 27th 96
4. *Place of Birth, (Street and Number)*	520 Addison alley
5. *Full Name of Mother,*	Maggie Wellson
6. *Mother's Maiden Name,*	[illegible]
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	M. R. Bruin M. D.
Address,	622 W. Lombard
Remarks,	

8960001812

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* C

3. *Date of Birth,* Apr. 23rd 98

4. *Place of Birth, (Street and Number)* 512 Montgomery St

5. *Full Name of Mother,* Mamie Neal

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M. R. Brown M.D.

Address, 622 W. Lombard.

Remarks,

8960001813

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Apr. 24th 96
4. *Place of Birth, (Street and Number)* 6720 W. Lombard
5. *Full Name of Mother,* Ella Cook
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. M. R. Brown

Address, 6720 W. Lombard.

Remarks,

8960001814

Wm. J. C. Dulany Co., City Printers and Stationers.

The Midwife shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Female (Miscarriage) (5-mo)
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* Nov. 25th 96
4. *Place of Birth, (Street and Number)* 639 Main St
5. *Full Name of Mother,* Ella Reason
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M R Bruin M D

Address, 672 W. Lombard

Remarks,

8960001815

Items. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Apr. 26th 96

4. Place of Birth, (Street and Number) 622 W. Lanvood

5. Full Name of Mother, Annie Hoffman

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, M. R. Bowen M.D.

Address, 622 W. Lanvood

Remarks,

8960001816

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/37/04

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apr. 26th 04
4. *Place of Birth, (Street and Number)* 672 W. Lombard
5. *Full Name of Mother,* Mary Healy
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M. R. Brown M.D.

Address, 672 W. Lombard.

Remarks,

8960001817

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* Apr 27th 96
4. *Place of Birth, (Street and Number)* 9 Hannes Court
5. *Full Name of Mother,* Ida Murray
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, W. C. Bruin M.D.

Address, 672 W. Lombard

Remarks,

8960001818

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Apr. 29th 1906
4. *Place of Birth, (Street and Number)* 622 W. Lombard
5. *Full Name of Mother,* Dora Rutter
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M. R. Brun M.D.

Address, 622 W. Lombard

Remarks,

8960001819

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 4 of this Statute shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 3707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 31st 1900
4. *Place of Birth, (Street and Number)* 622. W. Lombard
5. *Full Name of Mother,* Minnie James
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, W. R. Bruin M.D.

Address, 622. W. Lombard.

Remarks,

8960001820

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 1896.
4. *Place of Birth, (Street and Number)* 1326 Eastbrooke St
5. *Full Name of Mother,* Paulina Metzl
6. *Mother's Maiden Name,* " Nestle
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Metzl
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Caroline Metzl

Address, 1605 Harlem St

Remarks,

8960001821

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-18-54

RETURN OF A BIRTH. 73709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Nimrod Harrison

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, April 1, 1896.
4. Place of Birth, (Street and Number) 318 29 1/4 St.
5. Full Name of Mother, Ida May Harrison.
6. Mother's Maiden Name, Engle.
7. Mother's Birthplace, Md.
8. Full Name of Father, William Sherman Harrison
9. Father's Occupation Railroader (Electric)
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Cheapside.

Remarks, —

8 9 6 U 0 0 1 8 2 2

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 2 1896
4. Place of Birth, (Street and Number) 202 S. Bethel St.
5. Full Name of Mother, Lucie Lee
6. Mother's Maiden Name, Miles
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Lee
9. Father's Occupation Laborer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 427 E. Oath St.

Remarks,

8960001823

Wm. J. C. Dulany Co., City Printers and Stationers.

...ecord, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8-9

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 April 1896
4. *Place of Birth, (Street and Number)* 2014 Pleasant st
5. *Full Name of Mother,* Mary Appels
6. *Mother's Maiden Name,* Mary Miller
7. *Mother's Birthplace,* Baltimor M.D.
8. *Full Name of Father,* Charls Appel
9. *Father's Occupation* Cegar Maker
10. *Father's Birthplace,* Baltimor MD

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S. Washington st

Remarks,

8960001824

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 ✓

1. *Sex, (state whether male or female)* Female ✓
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 2 96
4. *Place of Birth, (Street and Number)* 809 Somerset St
5. *Full Name of Mother,* Mary J. Crandall
6. *Mother's Maiden Name,* " J. " Carter
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Milton H. Crandall
9. *Father's Occupation* Fruit and Produce
10. *Father's Birthplace,* Balto, Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1600 Walbert St

Remarks,

8960001825

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apr. 3/96
4. *Place of Birth, (Street and Number)* 205 N. Bradford St.
5. *Full Name of Mother,* Annie Bosse
6. *Mother's Maiden Name,* Doetzer
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Frank Bosse
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1201 E. Lexington

Remarks,

8 9 6 U 0 0 1 8 2 6

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 3d April 1876
4. Place of Birth, (Street and Number) 511 E Clement St
5. Full Name of Mother, Sarah Vogelsang
6. Mother's Maiden Name, Phillips
7. Mother's Birthplace,
8. Full Name of Father, John Vogelsang
9. Father's Occupation Engineer
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return. Elizabeth Agnell

Address, 436 E Fontaine

Remarks,

8960001827

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, April 4, 1896.
4. Place of Birth, (Street and Number) 208 Hickory ave.
5. Full Name of Mother, Elizabeth Bell ~~Campbell~~ Medaffe.
6. Mother's Maiden Name, Campbell.
7. Mother's Birthplace, Md.
8. Full Name of Father, Raymond T. Medaffe.
9. Father's Occupation Cotton Mill operative.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Litchfield M. D.

Address, 291 Chestnut ave.

Remarks,

8960001828

Wm. J. C. Dulany Co., City Printers and Stationers.

...mother, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 4/96
4. Place of Birth, (Street and Number) 14 N. Chester Str.
5. Full Name of Mother, Maggie Schirmer Sauer
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. Schirmer
9. Father's Occupation Tailor
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1201 E. Lhalp St

Remarks,

1 8 9 6 U 0 0 1 8 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name by the practitioner in the form of a certificate the birth person be in said schedule shall and every month of a physician or hereafter, it shall be delivered, duly to the office of the practitioner become the within the provisions of this section shall be subject to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 3717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 4 — 1896
4. Place of Birth, (Street and Number) 122 S. Bethel
5. Full Name of Mother, Janie A. Cane
6. Mother's Maiden Name, Keene
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George L. Cane
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1917 E. Pratt St.

Remarks,

8960001830

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 7378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 4 — 1896
4. Place of Birth, (Street and Number) 1516 Nicana St.
5. Full Name of Mother, Louisa Greason
6. Mother's Maiden Name, Engelhardt
7. Mother's Birthplace, Baltimare
8. Full Name of Father, Thomas Greason
9. Father's Occupation Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Returns Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8960001831

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 4 18 96

4. Place of Birth, (Street and Number) 4 16 elmore city

5. Full Name of Mother, Dana E Smith

6. Mother's Maiden Name, Baker

7. Mother's Birthplace, Baltimore County

8. Full Name of Father, george J smith

9. Father's Occupation card grinder

10. Father's Birthplace, carroll county

Name of Medical Attendant, or other person who makes this Return,

Address, Mortal King 575 Pitcher and Hayden Baltimore

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8460001832

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 4/96
4. Place of Birth, (Street and Number) 217 S. Montford Ave.
5. Full Name of Mother, Katie Schmitt
6. Mother's Maiden Name, " Schierman
7. Mother's Birthplace, Balto.
8. Full Name of Father, Frank Schmidt
9. Father's Occupation Laberer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1201 S. Shark St

Remarks,

8960001833

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4th of April 96
4. Place of Birth, (Street and Number) 2110 Wilhelm St.
5. Full Name of Mother, Theresa Wandel
6. Mother's Maiden Name, Theresa Weis
7. Mother's Birthplace, Germany
8. Full Name of Father, John Wandel
9. Father's Occupation Barber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Heuler Midwife

Address, 2116 N Pratt St

Remarks,

8 9 6 0 0 0 1 8 3 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 78722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 5/96
4. Place of Birth, (Street and Number) 27 N. Washington St.
5. Full Name of Mother, Mary Deinlein
6. Mother's Maiden Name, " Doetzer
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. Deinlein
9. Father's Occupation Officer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1208 S. Sharp St.

Remarks,

8960001835

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 5th
4. Place of Birth, (Street and Number) 1324 N. Fremont ave
5. Full Name of Mother, Mary E Kuhl
6. Mother's Maiden Name, " " Weber
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Kuhl
9. Father's Occupation Produce Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary J Sheckells

Address, 781 Cumberland St

Remarks,

8960001836

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 5 1896
4. Place of Birth, (Street and Number) 423 S. Chester St.
5. Full Name of Mother, Jannie A. Beese
6. Mother's Maiden Name, Brorie
7. Mother's Birthplace, Scotland
8. Full Name of Father, Fred. Beese
9. Father's Occupation Engenier
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Fra H st.

Remarks,

8760001837

Wm. J. C. Dulany Co., City Printers and Stationers.

Should, she shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 April 1896
4. *Place of Birth, (Street and Number)* 1335 Hanlon Av
5. *Full Name of Mother,* Babbi Fagel
6. *Mother's Maiden Name,* Babbi Weiner
7. *Mother's Birthplace,* Baltimor MD
8. *Full Name of Father,* Jobel Fagel
9. *Father's Occupation* Kafer
10. *Father's Birthplace,* Baltimor MD

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 304 S Washington St

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

8960001838

RETURN OF A BIRTH. 73726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 5th 1906
4. Place of Birth, (Street and Number) Baltimore No 1146 Vanderbilt St
5. Full Name of Mother, Mrs Dora Morgan
6. Mother's Maiden Name, Mrs Dora Dittmar
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Edward Morgan
9. Father's Occupation Tinner
10. Father's Birthplace, Annapolis

Name of Medical Attendant, or other person who makes this Return, Mary Hartley

Address, 412 Hanover St

Remarks,

8960001839

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, April 6, 1896.
4. Place of Birth, (Street and Number) 523 Light-ave.
5. Full Name of Mother, Ida May Hamm.
6. Mother's Maiden Name, Bring.
7. Mother's Birthplace, Md
8. Full Name of Father, Edwin C. Hamm.
9. Father's Occupation Laborer.
10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Cherlinch ave.

Remarks,

8 9 6 U 0 0 1 8 4 0

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7.3.28

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Fifth April
4. Place of Birth, (Street and Number) Baltimore Cty 1100 Guilmour Ave
5. Full Name of Mother, Kaite Richell
6. Mother's Maiden Name, Kaete Blum
7. Mother's Birthplace, Baltimore Cty
8. Full Name of Father, Wm J Richell
9. Father's Occupation Fireman
10. Father's Birthplace, Baltimore Cty

Name of Medical Attendant, or other person who makes this Return, Annie O Brien

Address,

Remarks,

8960001841

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eight

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 5 '96
4. *Place of Birth, (Street and Number)* 853 Lemon Street
5. *Full Name of Mother,* Eliza S Gallion
6. *Mother's Maiden Name,* Eliza S Guest
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William E Gallion
9. *Father's Occupation* Horse Collar Maker
10. *Father's Birthplace,* Alexandria Va

Name of Medical Attendant, or other person who makes this Return. Dno S Kelley

Address, 1922 Wilkens Avenue

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5te

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6th of April 96
4. Place of Birth, (Street and Number) 30½ Penisch St.
5. Full Name of Mother, Elisabeth Mersch
6. Mother's Maiden Name, Elisabeth Bauer
7. Mother's Birthplace, Balto
8. Full Name of Father, Robert Mersch
9. Father's Occupation Zinner
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Heuler Midwife

Address, 2116 W Pratt St.

Remarks,

8960001843

Wm. J. C. Dulany Co., City Printers and Stationers.

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6te

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 6th of April 96

4. Place of Birth, (Street and Number) 2120 Calvert on Road

5. Full Name of Mother, Hedwig Emberle

6. Mother's Maiden Name, Hedwig Weise

7. Mother's Birthplace, Germany

8. Full Name of Father, Georg Emberle

9. Father's Occupation Brauer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W Pratt St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001844

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 6, 96.
4. *Place of Birth, (Street and Number)* 1846 E. Biddle St
5. *Full Name of Mother,* Annie Baecher
6. *Mother's Maiden Name,* Brotzman
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Hugo Baecher
9. *Father's Occupation* Foreman Reper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Barbara E. Miller

Address, 1605 Walbert St

Remarks,

8960001845

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73 733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seven

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 9 "96
4. Place of Birth, (Street and Number) 2133 Wilkens Avenue
5. Full Name of Mother, Ida R. L. Fisher
6. Mother's Maiden Name, Ida R. L. Stiers
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George A. Fisher
9. Father's Occupation Conductor
10. Father's Birthplace, Frederick

Name of Medical Attendant, or other person who makes this Return, Dr. S. Kelly

Address, 1922 Wilkens Ave.

Remarks,

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 4 6 0 0 0 1 8 4 6

RETURN OF A BIRTH. 73734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 7 1896
4. *Place of Birth, (Street and Number)* 206 S. Eden St.
5. *Full Name of Mother,* Nellie Thomas
6. *Mother's Maiden Name,* Weininger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Thomas
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Orath St.

Remarks,

0760001847

Wm. J. C. Dulany Co., City Printers and Stationers.

Each Child born in Baltimore City, whether living or dead, must be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, within ten days after its birth, stating the full name of each child, if any shall have been given, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 August
4. *Place of Birth, (Street and Number)* Baltimore 812 W Hamburg St
5. *Full Name of Mother,* Lilly M. Bell
6. *Mother's Maiden Name,* Cromer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Howard Bell
9. *Father's Occupation* Coppersmith
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Maria Hatter

Address, 812 W. Hamburg St

Remarks,

8960001848

Wm. J. C. Dulany Co., City Printers and Stationers.

Each child born alive in Baltimore City, and each stillborn child of which a midwife or physician has been in attendance, shall be registered, and the midwife or physician in attendance upon the mother, or the father, or householder, or other person present at the birth, shall report to the Commissioner of Health the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73736

GIVEN NAME ADDED 2/23/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Thomas B. Jenkins VII

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 7th 1936

4. Place of Birth, (Street and Number) 1611 N. Dallas St.

5. Full Name of Mother, Mollie Jenkins

6. Mother's Maiden Name, Bean

7. Mother's Birthplace, Balto.

8. Full Name of Father, James W. Jenkins

9. Father's Occupation Painter

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. A. Isenhagen

Address, 1202 Eastern Ave.

Remarks,

8960049

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered duly signed by the physician or midwife in attendance, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the practitioner in the form of a certificate shall become the duty of the physician or midwife in attendance upon the mother, immediately thereafter, if shall, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4 - 1 - 54)
Hall of Records Commission

RETURN OF A BIRTH. 73736

GIVEN NAME ADDED 2/23/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: THOMAS B. JENKINS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 7/96
4. Place of Birth, (Street and Number) 1611 N. Dallas St.
5. Full Name of Mother, Mollie Jenkins
6. Mother's Maiden Name, " Beare
7. Mother's Birthplace, Balto
8. Full Name of Father, James W. Jenkins
9. Father's Occupation Painter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1200 S. Sharp St.

Remarks, 8 9 0 0 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 7/96
4. Place of Birth, (Street and Number) 406 N. Patterson Park Ave.
5. Full Name of Mother, Katie Heywood
6. Mother's Maiden Name, " Walter
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. Heywood
9. Father's Occupation Laberer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Diesenhofer

Address, 120 S. Sharp St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 7. 1896
4. Place of Birth, (Street and Number) 415 N. Hoffman St
5. Full Name of Mother, Pauline Williams
6. Mother's Maiden Name, Pauline Williams
7. Mother's Birthplace, Va
8. Full Name of Father, Henry Waddy
9. Father's Occupation Lumberman
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Louise Estoup M.D.

Address, 415 N. Hoffman St.

Remarks, Maternity Bonnans Med. Coll.

...ceen conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 7 April white
4. Place of Birth, (Street and Number) 1122 Lonsdale st.
5. Full Name of Mother, Magie Schneider
6. Mother's Maiden Name, Wenze
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Schneider
9. Father's Occupation tayler
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Emma Walter

Address, 928 n. Central Avenue

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 8' 96
4. *Place of Birth, (Street and Number)* 1008 N Central
5. *Full Name of Mother,* Amelia Rost
6. *Mother's Maiden Name,* " Sark
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Joseph Rost
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73741

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 8 — 1896
4. Place of Birth, (Street and Number) 902 Hartford Ave.
5. Full Name of Mother, Alice Elisabeth Lang
6. Mother's Maiden Name, Daerch
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ernest Lang
9. Father's Occupation Barber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Fall St.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

1236

RETURN OF A BIRTH. 73742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 2nd
4. Place of Birth, (Street and Number) Maternity 115 W. Lombard-
5. Full Name of Mother, Mary Smith
6. Mother's Maiden Name, Hutchinson
7. Mother's Birthplace, " "
8. Full Name of Father, " "
9. Father's Occupation " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return, Chas. H. Vogel

Address, 115 W. Lombard-

Remarks,

The Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

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RETURN OF A BIRTH. 73743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 3rd
4. Place of Birth, (Street and Number) Walnut, 115 N. Lombard
5. Full Name of Mother, Lyttie Harris
6. Mother's Maiden Name, Carter Harris
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unknown
9. Father's Occupation " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return, Chas. H. Vogel

Address, 115 N. Lombard

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 4th
4. *Place of Birth, (Street and Number)* Maternity 115 N. Lombard
5. *Full Name of Mother,* Lizzie Anderson
6. *Mother's Maiden Name,* Lizzie Anderson
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Unknown
9. *Father's Occupation* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, Chas W. Vogel

Address, 115 N. Lombard

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 73745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) both female

2. Race or Color, (if not of the white race) twins

3. Date of Birth, White.

4. Place of Birth, (Street and Number) April 5th

5. Full Name of Mother, Maternity, 115 N. Loudon Ave

6. Mother's Maiden Name, Julia O'Brien

7. Mother's Birthplace, Unknown

8. Full Name of Father, Ireland

9. Father's Occupation " "

10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return, Chas K. Vogel

Address, 115 N. Loudon.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the Practitioner in attendance, or the person who shall have charge of the case, to the Registrar of Vital Statistics, Board of Health, Baltimore City, within the first week of each and every month to a Physician or Practitioner in the form of a certificate the birth of any child in which he may have been in attendance during the month next preceding the date and place of birth; and the shall occur upon the premises where he or she may be called to attend, or in case of midwifery, or the attendance upon its birth to the Commissioner of Health, in such manner and within the period above required, and child to report its birth to the Commissioner of Health, in such manner and within the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 6th
4. *Place of Birth, (Street and Number)* Maternity 115 N. Lombard
5. *Full Name of Mother,* Mary Davison
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Unknown
9. *Father's Occupation* " "
10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return, Chas. W. Vogel

Address, 115 N. Lombard

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 73747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 6th
4. Place of Birth, (Street and Number) Maternity 115 N. Lombard
5. Full Name of Mother, Ellen Rifa
6. Mother's Maiden Name, Ellen Rifa
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unknown
9. Father's Occupation —
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return Chas. W. Vogel

Address, 115 N. Lombard

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236]

RETURN OF A BIRTH. 73748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 7th
4. Place of Birth, (Street and Number) Maternity 115 N. Lombard
5. Full Name of Mother, Ida Smith
6. Mother's Maiden Name, Unknown
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unknown
9. Father's Occupation " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return, Chas. H. Vogel

Address, 115 N. Lombard

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236]

RETURN OF A BIRTH. 73749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 8th

4. Place of Birth, (Street and Number) Maternite, 115 N. Lombard

5. Full Name of Mother, Maggie Williams

6. Mother's Maiden Name, Unknown

7. Mother's Birthplace, Maryland

8. Full Name of Father, Unknown

9. Father's Occupation " "

10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return, Chas. H. Vogel

Address, 115 N. Lombard

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

[1236]

RETURN OF A BIRTH. 73750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	April 9 "
4. *Place of Birth, (Street and Number)*	Westville, 115 N. Lombard
5. *Full Name of Mother,*	Mary Brayton
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return	Chas. H. Vogel
Address,	115 N. Lombard
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

...ascertained the full name of each child, (if any shall have ... sex, color, the full name and occupation of its parents, the date and place of birth; and the ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 73751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 10th 1896
4. Place of Birth, (Street and Number) Maternity, 115 N. Loudon
5. Full Name of Mother, Laura Hartman
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Penna.
8. Full Name of Father, Unknown
9. Father's Occupation " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return, Chas. W. Vogel

Address, 115 N. Loudon

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

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RETURN OF A BIRTH. 73752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 10 "
4. Place of Birth, (Street and Number) Mitchell 115 N. Lombard
5. Full Name of Mother, Belle Weaver
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Dist. Columbia
8. Full Name of Father, Unknown
9. Father's Occupation " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return, Chas. H. Vogel

Address, 115 N. Lombard

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

The child must be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 73758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 4th 1901

4. Place of Birth, (Street and Number) Maternity, 115 W. Lombard

5. Full Name of Mother, Mary Bluhm

6. Mother's Maiden Name, —

7. Mother's Birthplace, Russia

8. Full Name of Father, Unknown

9. Father's Occupation —

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Chas. H. Vogel

Address, 115 W. Lombard

Remarks.

The child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

SAFETY FILM

1236]

RETURN OF A BIRTH. 73754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 13th 1896
4. *Place of Birth, (Street and Number)* Watauga, 115 W. Lombard
5. *Full Name of Mother,* Lucy Moore
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Unknown
9. *Father's Occupation* " "
10. *Father's Birthplace,* " "

Name of Medical Attendant, or other person who makes this Return, Chas. H. Vogel

Address, 115 W. Lombard.

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 73755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	April 29th 1896
4. *Place of Birth, (Street and Number)*	Maternity 115 W. Lombard St.
5. *Full Name of Mother,*	Jennie Gant
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	James C. Austin
Address,	115 W. Lombard St.
Remarks,	

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 73756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	April 30. 1896
4. *Place of Birth, (Street and Number)*	Maternity 115 W. Lombard St.
5. *Full Name of Mother,*	Belle Campbell
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	James C. Austin
Address,	115 W. Lombard St.
Remarks,	

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 73757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 3 - 1896
4. Place of Birth, (Street and Number) 312 Bayville St
5. Full Name of Mother, Annie Hirsch
6. Mother's Maiden Name, Annie Cull
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Julius Hirsch
9. Father's Occupation Liquor - Dealer
10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other person who makes this Return, Harry Boyd

Address, 617 Columbia ave

Remarks,

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 73758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 8th April 1896
4. Place of Birth, (Street and Number) 5 S'd E Fort Ave
5. Full Name of Mother, Rose Agewell
6. Mother's Maiden Name, Shillaman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel Agewell
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Agewell

Address, 436 E Fort Ave

Remarks,

The certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apr. 8/96
4. *Place of Birth, (Street and Number)* 117 S. Register Ste.
5. *Full Name of Mother,* Mary Garber
6. *Mother's Maiden Name,* Stein
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Garber
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1200 S. Sharp Ste.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73760

CERTIFICATE CORRECTED 9-14-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ruth Esther Dumbracco

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Wht.
3. Date of Birth, Apr. 9/46
4. Place of Birth, (Street and Number) 717 N. Fulton Ave.
5. Full Name of Mother, Mrs. Joel Dumbracco
6. Mother's Maiden Name, Ruth Buck
7. Mother's Birthplace, Cumberland Md.
8. Full Name of Father, Joel Dumbracco
9. Father's Occupation Furniture dealer
10. Father's Birthplace, Queen Anne Co. Md.

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.

Address, 2505 Penna. Ave.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 9. (10 P. M.)
4. *Place of Birth, (Street and Number)* 1517 Cole Street.
5. *Full Name of Mother,* Mathilde Marie Reynolds.
6. *Mother's Maiden Name,* Stillard.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Arthur Patrick Reynolds.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Dow. M. Kane (for the

Address, Mother's Relief Society (622 N. Fremont Ave.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73 762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, April 9th 7.10 P. M.
4. Place of Birth, (Street and Number) 1102 Riverside Ave.
5. Full Name of Mother, Emma Baily.
6. Mother's Maiden Name, Isaacs.
7. Mother's Birthplace, Georgetown Sussex Co - Del.
8. Full Name of Father, Warren Stanbury Baily.
9. Father's Occupation Painter
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kane for the

Address, Mothers Relief Society 632 N. Fremont Ave.

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 10. (8.10 A. M.)
4. *Place of Birth, (Street and Number)* 115 E. Hamburg Street
5. *Full Name of Mother,* Katie Viola Blankenship,
6. *Mother's Maiden Name,* Berkwith,
7. *Mother's Birthplace,* Raeton,
8. *Full Name of Father,* John Marion Blankenship
9. *Father's Occupation* Engineer.
10. *Father's Birthplace,* Baltimore Md.,

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kanne,

Address, 632. N. Fremont Ave.

Remarks,

Every midwife, physician or practitioner in attendance upon any case of birth shall, within ten days after the birth of each child, if any shall have occurred, report to the Commissioner of Health the name, sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 ed

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 of April
4. Place of Birth, (Street and Number) 1129 Scott St
5. Full Name of Mother, Kate McGraw
6. Mother's Maiden Name, Kate Seifert
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, M. McGraw
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Kettler

Address, 512 Hamburg St

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73 765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 10 1896
4. *Place of Birth, (Street and Number)* 1960 Granby St.
5. *Full Name of Mother,* Annie Buenger
6. *Mother's Maiden Name,* Clemens
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Buenger
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Pratt St.

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73 766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 10/96
4. *Place of Birth, (Street and Number)* 2206 Jefferson Str.
5. *Full Name of Mother,* Mary Beck
6. *Mother's Maiden Name,* " Doesshinger
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* William Beck
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhofer

Address, 1208 S. Sharp Str.

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-22-60

RETURN OF A BIRTH. 73767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ethel L. Landuch

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 10th April 1896
4. Place of Birth, (Street and Number) 1500 Byrd St
5. Full Name of Mother, Minnie Mordueh
6. Mother's Maiden Name, Hall
7. Mother's Birthplace, Norfolk Va
8. Full Name of Father, Howard Mordueh
9. Father's Occupation
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Elizabeth Agnew

Address, 436 E Pont ave

Remarks,

Every birth shall be delivered, duly signed by the practitioner in the case, to the Registrar of Vital Statistics, and the place of birth; and the practitioner shall deliver to the person in charge of the premises at the time of the birth a certificate in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April tenth 1896
4. *Place of Birth, (Street and Number)* 1011 E. Lombard St
5. *Full Name of Mother,* Esther Getz
6. *Mother's Maiden Name,* Esther Sussman Horwitz
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Hirsch Getz
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, F. Pollack M.D.

Address, 1112 Eutaw St. Math.

Remarks,

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 73769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* March 4th
4. *Place of Birth, (Street and Number)* Baltimore 1013 E. High St
5. *Full Name of Mother,* Matilda Koffenberger
6. *Mother's Maiden Name,* Klotz
7. *Mother's Birthplace,* Churchville Harford County
8. *Full Name of Father,* Jacob Karl Koffenberger
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Baltimore M. D.

Name of Medical Attendant, or other person who makes this Return, Mrs Mintel

Address, 800 Leadenhall Street

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 11/96
4. Place of Birth, (Street and Number) 237 S. Chappel Str.
5. Full Name of Mother, Katie Kaufman
6. Mother's Maiden Name, Menning
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Kaufman
9. Father's Occupation Tinner
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 120 S. Sharp St.

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 11th 96
4. Place of Birth, (Street and Number) 1114 N. Wolfe St
5. Full Name of Mother, Elizabeth Gantler
6. Mother's Maiden Name, Elizabeth Hank
7. Mother's Birthplace, Balto City
8. Full Name of Father, George Gantler
9. Father's Occupation Iron Molder
10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other person who makes this Return, P. A. Canetta MD

Address, 1243 N. Broadway

Remarks, Balto

(Baby named Mary E. Gantler

Wm. J. C. Dulany Co., City Printers and Stationers.

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* Born the 12 Mo.
4. *Place of Birth, (Street and Number)* 1224 Eaton St
5. *Full Name of Mother,* Ella L Griffin
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Noll
9. *Father's Occupation* Work in Store
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Sara Rollins

Address, 1610 Aisquith St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4 - 1 - 54)
Hall of Records Commission

RETURN OF A BIRTH. 73737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 7/96
4. Place of Birth, (Street and Number) 406 N. Patterson Park Ave.
5. Full Name of Mother, Katie Heywood
6. Mother's Maiden Name, Walter
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. Heywood
9. Father's Occupation Laberer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Diisenbroter

Address, 120 S. Sharp St.

Remarks,

8 9 6 U 0 0 1 8 5 0

Wm. J. C. Dulany Co., City Printers and Stationers.

...sex, color, the full name and occupation of its parents, the date and place of birth; and the ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 7. 1896
4. Place of Birth, (Street and Number) 410 N. Hoffman St
5. Full Name of Mother, Pauline Williams
6. Mother's Maiden Name, Pauline Williams
7. Mother's Birthplace, Va
8. Full Name of Father, Henry Waddy
9. Father's Occupation Waiterman
10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return, Louise Eatons M.D.

Address, 410 N. Hoffman St.

Remarks, Maternity Bonnans Med. Coll.

8960001851

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) boy
2. Race or Color, (if not of the white race)
3. Date of Birth, 7 April white
4. Place of Birth, (Street and Number) 1122 Somerset St.
5. Full Name of Mother, Mary Schneider
6. Mother's Maiden Name, = Krenze
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Schneider
9. Father's Occupation Taylor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 n Central Avenue

Remarks,

8960001852

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 8' 96.
4. *Place of Birth, (Street and Number)* 1008 N Central
5. *Full Name of Mother,* Amelia Rist
6. *Mother's Maiden Name,* " Lark
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Joseph Rist
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Wallbert St

Remarks,

8960001853

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73741

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 6 — 1896
4. Place of Birth, (Street and Number) 902 Hardfort Ave.
5. Full Name of Mother, Alice Elisabeth Lang
6. Mother's Maiden Name, Daesch
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ernest Lang
9. Father's Occupation Barber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Fall St.

Remarks,

8766001854

Wm. J. C. Dulany Co., City Printers and Stationers.

...ceen conferred its sex, color, the full name and occupation of its parents, the date and place of birth and the ...said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such ...attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such ...child to report its birth to the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 73742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 2nd
4. Place of Birth, (Street and Number) Matsonia 115 W. Lombard
5. Full Name of Mother, Mary Smith
6. Mother's Maiden Name, Unknown
7. Mother's Birthplace, " "
8. Full Name of Father, " "
9. Father's Occupation " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return, Chas. H. Vogel

Address, 115 W. Lombard

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001855

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[236]

RETURN OF A BIRTH. 73743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 3rd
4. Place of Birth, (Street and Number) Watrouth, 115 N. Lanbard
5. Full Name of Mother, Lyttie Harris
6. Mother's Maiden Name, Carter Harris
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unknown
9. Father's Occupation " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return, Chas. H. Vogel

Address, 115 N. Lanbard

Remarks,

8960001856

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 73744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, April 4th

4. Place of Birth, (Street and Number) Watertable 115 N. Lombard

5. Full Name of Mother, Lizzie Anderson

6. Mother's Maiden Name, Lizzie Anderson

7. Mother's Birthplace, Maryland

8. Full Name of Father, Unknown

9. Father's Occupation " "

10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return. Chas W. Vogel

Address, 115 N. Lombard

Remarks,

8 9 6 0 0 0 1 8 5 7

Wm. J. C. Dulany Co,. City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Twins, both female
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	April 5th
4. *Place of Birth, (Street and Number)*	Maternity 115 W. Lombard
5. *Full Name of Mother,*	Julia O'Brien
6. *Mother's Maiden Name,*	Unknown
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	" "
10. *Father's Birthplace,*	" "
Name of Medical Attendant, or other person who makes this Return,	Chas. H. Vogel
Address,	115 W. Lombard.
Remarks,	

8760001858

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 73746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 6th

4. Place of Birth, (Street and Number) Maternity 115 N. Loudard

5. Full Name of Mother, Mary Davidson

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Maryland

8. Full Name of Father, Unknown

9. Father's Occupation " "

10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return, Chas. N. Vogel

Address, 115 N. Loudard

Remarks,

8760001859

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 73747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 6th

4. Place of Birth, (Street and Number) Maternity 115 N. Lombard

5. Full Name of Mother, Ellen Rifa

6. Mother's Maiden Name, Ellen Rifa

7. Mother's Birthplace, Maryland

8. Full Name of Father, Unknown

9. Father's Occupation —

10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return Chas. W. Vogel

Address, 115 N. Lombard

Remarks,

8960001860

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

RETURN OF A BIRTH. 73748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 7th
4. Place of Birth, (Street and Number) Waterside, 115 N. Lombard
5. Full Name of Mother, Ida Smith
6. Mother's Maiden Name, Unknown
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unknown
9. Father's Occupation "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Chas. H. Vogel

Address, 115 N. Lombard

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

[1236]

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 8th
4. *Place of Birth, (Street and Number)* Maternite, 115 N. Lombard
5. *Full Name of Mother,* Maggie Williams
6. *Mother's Maiden Name,* Unknown
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Unknown
9. *Father's Occupation* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, Chas. N. Vogel

Address, 115 N. Lombard

Remarks,

8960001862

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236]

RETURN OF A BIRTH. 73750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	April 9th
4. *Place of Birth, (Street and Number)*	Natrona, 115 N. Lombard
5. *Full Name of Mother,*	Mary Braxton
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	Chas. N. Vogel
Address,	115 N. Lombard
Remarks,	

8760001863

Wm. J. C. Dulany Co., City Printers and Stationers.

236]

RETURN OF A BIRTH. 73751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 10th 1896
4. Place of Birth, (Street and Number) Mattress, 115 N. Loudon
5. Full Name of Mother, Laura Harman
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Penna.
8. Full Name of Father, Unknown
9. Father's Occupation " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return, Chas. W. Vogel

Address, 115 N. Loudon

Remarks,

8460001864

Wm. J. C. Dulany Co., City Printers and Stationers.

236 J

RETURN OF A BIRTH. 73752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 10 "
4. Place of Birth, (Street and Number) Walbrook 115 N. Lombard St.
5. Full Name of Mother, Belle Weaver
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Dist. Columbia
8. Full Name of Father, Unknown
9. Father's Occupation " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return, Chas. W. Vogel

Address, 115 N. Lombard.

Remarks,

8 9 6 0 0 0 1 8 6 5

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 73758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 11th 1901
4. Place of Birth, (Street and Number) Waterside, 115 W. Lanvale
5. Full Name of Mother, Mary Blubner
6. Mother's Maiden Name, —
7. Mother's Birthplace, Russia
8. Full Name of Father, Unknown
9. Father's Occupation —
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Chas. H. Vogel

Address, 115 W. Lanvale

Remarks,

8760001866

Wm. J. C. Dulany Co., City Printers and Stationers.

The Return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 73754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 13th 1896
4. Place of Birth, (Street and Number) Maternity, 115 W. Lombard
5. Full Name of Mother, Lucy Moore
6. Mother's Maiden Name, "
7. Mother's Birthplace, Maryland
8. Full Name of Father, Unknown
9. Father's Occupation " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return, Chas. H. Vogel

Address, 115 W. Lombard.

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960001867

Wm. J. C. Dulany Co., City Printers and Stationers.

[236]

RETURN OF A BIRTH. 73755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	April 29th 1896
4. *Place of Birth, (Street and Number)*	Maternity 115 W. Lombard St.
5. *Full Name of Mother,*	Jennie Gant
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	James C. Austin
Address,	115 W. Lombard St.
Remarks,	

8960001868

Wm. J. C. Dulany Co., City Printers and Stationers.

...schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1336]

RETURN OF A BIRTH. 7,3 756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	April 30 1896
4. *Place of Birth, (Street and Number)*	Maternity 115 W. Lombard St.
5. *Full Name of Mother,*	Bella Campbell
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this return,	James C. Austin
Address,	115 W. Lombard St.
Remarks,	

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 73757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 3 - 1896
4. *Place of Birth, (Street and Number)* 312 Boyle St
5. *Full Name of Mother,* Anna Hirsch
6. *Mother's Maiden Name,* Anna Engel
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* John Hirsch
9. *Father's Occupation* Liquor - Dealer
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other person who makes this Return, Harry Boyd

Address, 617 Columbia ave

Remarks,

Wm. J. C. Dulany Co,. City Printers and Stationers.

8960001870

RETURN OF A BIRTH. 73758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 8th April 1896
4. *Place of Birth, (Street and Number)* 5 S'D E Fort Ave
5. *Full Name of Mother,* Rose Agnell
6. *Mother's Maiden Name,* Shillman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Carroll Agnell
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Agnell

Address, 436 E Fort Ave

Remarks,

8960001871

Wm. J. C. Dulany Co., City Printers and Stationers.

Such certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apr. 8/96
4. *Place of Birth, (Street and Number)* 117 S. Register Str.
5. *Full Name of Mother,* Mary Garber
6. *Mother's Maiden Name,* Stein
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Garber
9. *Father's Occupation* Firemann
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1200 S. Sharp Str.

Remarks,

0760001872

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73760

CERTIFICATE CORRECTED 9-14-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ruth Esther Dunbracco

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Wht.
3. *Date of Birth,* Apr. 9/96
4. *Place of Birth, (Street and Number)* 717 N. Fulton Ave.
5. *Full Name of Mother,* Mrs. Joel Dumbraccs
6. *Mother's Maiden Name,* Eulah Buck
7. *Mother's Birthplace,* Cumberland Md.
8. *Full Name of Father,* Joel Dumbraccs
9. *Father's Occupation* Furniture Dealer
10. *Father's Birthplace,* Queen Anne Co. Md.

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.

Address, 2505 Penna. Ave.

Remarks,

8 4 6 0 0 0 1 8 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 9. (10. P. M.)
4. *Place of Birth, (Street and Number)* 1517 Lobe Street.
5. *Full Name of Mother,* Mathilde Marie Reynolds.
6. *Mother's Maiden Name,* Stillard.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Arthur Patrick Reynolds.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Wm. M. Kraus / for the

Address, Mothers Relief Society / 602 N. Fremont Ave.

Remarks,

8960001874

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 9, (7.10 P. M.)
4. *Place of Birth, (Street and Number)* 1108 Riverside Ave.
5. *Full Name of Mother,* Emma Baily.
6. *Mother's Maiden Name,* Frazer.
7. *Mother's Birthplace,* Georgetown Sussex Co - Del.
8. *Full Name of Father,* Warren Stansbury Baily.
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kane for the

Address, Mothers Relief Society (632 N. Fremont Ave.

Remarks,

8960001875

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, April 10. (8.10 A.M.)
4. Place of Birth, (Street and Number) 118 E. Hamburg Street.
5. Full Name of Mother, Katie Viola Blankenship,
6. Mother's Maiden Name, Berkwith,
7. Mother's Birthplace, Canton,
8. Full Name of Father, John Marion Blankenship
9. Father's Occupation Engineer.
10. Father's Birthplace, Belton, Md.

Name of Medical Attendant, or other person who makes this Return, Wm. M. Kamm,

Address, 632. N. Fremont Ave.

Remarks,

8960001876

Wm. J. C. Dulany Co., City Printers and Stationers.

...child born alive within the City of Baltimore, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 ed

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 of April 1900
4. *Place of Birth, (Street and Number)* 1129 Scott St
5. *Full Name of Mother,* Kate McGinnis
6. *Mother's Maiden Name,* Kate Seifert
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* P. McGinnis
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Hartle

Address, 512 Hanover St

Remarks,

8960001877

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 10 — 1896
4. Place of Birth, (Street and Number) 1960 Granby St.
5. Full Name of Mother, Annie Buenger
6. Mother's Maiden Name, Clemens
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Buenger
9. Father's Occupation Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8960001878

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

SAFETY FILM KODAK

RETURN OF A BIRTH. 73766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 10/96
4. *Place of Birth, (Street and Number)* 2206 Jefferson Str.
5. *Full Name of Mother,* Mary Beck
6. *Mother's Maiden Name,* " Doeschinger
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* William Beck
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1201 S. Sharp Str.

Remarks,

8460001879

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-22-60

RETURN OF A BIRTH. 73767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ethel L. Landuch

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 a

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 10 a April 1896

4. Place of Birth, (Street and Number) 1500 Byrd St

5. Full Name of Mother, Minnie Landuch

6. Mother's Maiden Name, Hall

7. Mother's Birthplace, Norfolk Va

8. Full Name of Father, Howard Landuch

9. Father's Occupation Balto

10. Father's Birthplace, Elizabeth Agewell

Name of Medical Attendant, or other person who makes this Return,

Address, 436 E Fort ave

Remarks,

1896000188 0

Wm. J. C. Dulany Co., City Printers and Stationers.

When a birth shall occur without the attendance of a physician or practioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April tenth 1896
4. Place of Birth, (Street and Number) 1011 E. Fairmount St
5. Full Name of Mother, Esther Getz
6. Mother's Maiden Name, Esther Susman Horwitz
7. Mother's Birthplace, Russia
8. Full Name of Father, Hirsch Getz
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, F. Pallack M.D.

Address, 1112 Eutaw St. Md.

Remarks,

8960001881

Said scheme shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 73769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 11th
4. Place of Birth, (Street and Number) Baltimore. 1013 E. Baltimore St
5. Full Name of Mother, Matilda Kellenberger
6. Mother's Maiden Name, Wirt
7. Mother's Birthplace, Churchville Harford County
8. Full Name of Father, Jacob Karl Kellenberger
9. Father's Occupation Baker
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Wirt

Address, 800 Leadenhall Street

Remarks,

8960001882

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 11/96
4. *Place of Birth, (Street and Number)* 237 S. Chapel Str.
5. *Full Name of Mother,* Katie Kaufman
6. *Mother's Maiden Name,* Menning
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Kaufman
9. *Father's Occupation* Tinner
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 120 S. Sharp St.

Remarks,

8 9 6 0 0 0 1 8 8 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 11th 96
4. Place of Birth, (Street and Number) 1114 N. Dolle St
5. Full Name of Mother, Eliza Jane Foutler
6. Mother's Maiden Name, Elizabeth Hank
7. Mother's Birthplace, Balto City
8. Full Name of Father, George Foutler
9. Father's Occupation Iron Moulder
10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other person who makes this Return, C. A. Canetta M.D

Address, 1243 N. Broadway

Remarks, Balto

(Baby named Mary E. Foutler

8960001884

been centered; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* Born on the 12 Nov
4. *Place of Birth, (Street and Number)* 1224 Eolton St
5. *Full Name of Mother,* Ella L Gryffin
6. *Mother's Maiden Name.*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Wall
9. *Father's Occupation* Work in A Store
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Sara Rollins

Address, 1610 Monroe St

Remarks,

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8966000188 5

RETURN OF A BIRTH. 73773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 12. 1896
4. *Place of Birth, (Street and Number)* 410 N. Hoffman St
5. *Full Name of Mother,* Edistia Jefferson
6. *Mother's Maiden Name,* Edistia Jefferson
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* James Mathews
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Washington D. C.

Name of Medical Attendant, or other person who makes this Return, Louise Eaton. M.D.

Address, 410 N. Hoffman St.

Remarks,

been omitted) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8460001886

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 13 - 96
4. *Place of Birth, (Street and Number)* 517 N Washington
5. *Full Name of Mother,* Katie P. Nelson
6. *Mother's Maiden Name,* " " Myers
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John A. Nelson
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace,* Pa

Name of Medical Attendant, or other person who makes this Return, Mrs May A Allwell

Address, 1438 N. Bond

Remarks,

8760001887

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, April 13, 1896.
4. Place of Birth, (Street and Number) 3424 Elm ave.
5. Full Name of Mother, Elizabeth Amanda Burris
6. Mother's Maiden Name, Clarke.
7. Mother's Birthplace, Md.
8. Full Name of Father, James H. Burris.
9. Father's Occupation Machinist.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

6460001888

RETURN OF A BIRTH. 73776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Anna Marie Mertel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 13/96
4. *Place of Birth, (Street and Number)* 1920 Gough Str.
5. *Full Name of Mother,* Katie Mertel
6. *Mother's Maiden Name,* " Hechenroeder
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jacob Mertel
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1200 S. Sharp St.

Remarks,

B 7 5 0 0 0 1 8 8 9

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 13/96
4. *Place of Birth, (Street and Number)* 1243 Orleans Str.
5. *Full Name of Mother,* Sarah Lamm
6. *Mother's Maiden Name,* " Bing
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Lamm
9. *Father's Occupation* Laberer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mr. Deisenhofer

Address, 200 E. Sharp St

Remarks,

8960001890

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 13 (10.20 P. M.)
4. *Place of Birth, (Street and Number)* 1005 Sliston Place (near Broadway)
5. *Full Name of Mother,* Anna Jane Shipperway.
6. *Mother's Maiden Name,* Thompson.
7. *Mother's Birthplace,* Richmond, Va.
8. *Full Name of Father,* William Jonat Shipperway.
9. *Father's Occupation* Saint.
10. *Father's Birthplace,* Reading - England.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kanne (for the

Address, Mothers Relief Society) 632. E Fremont Ave.

Remarks,

8960001891

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 13. (8.50 P. M.)
4. *Place of Birth, (Street and Number)* 1929 Walbrook Ave -
5. *Full Name of Mother,* Margaretta Ann Dunker,
6. *Mother's Maiden Name,* Briggs
7. *Mother's Birthplace,* Belfast - Ireland
8. *Full Name of Father,* Henry Hicks Dunker,
9. *Father's Occupation* Tanner.
10. *Father's Birthplace,* Annapolis.

Name of Medical Attendant, or other person who makes this Return, Mrs. N. Kanne (for the

Address, Mothers Relief Society) 632 N. Fremont Ave.

Remarks,

8760001892

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 13 "96
4. Place of Birth, (Street and Number) 211 Chilton St
5. Full Name of Mother, Hannah Schaefer Smith
6. Mother's Maiden Name, Hannah Schaefer
7. Mother's Birthplace, Washington
8. Full Name of Father, Harry Smith
9. Father's Occupation Hostler
10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return, Wm S Kelley

Address, 1922 Wilkens Avenue

Remarks,

The above certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001893

RETURN OF A BIRTH. 73781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 5

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* April 11 "96
4. *Place of Birth,* (*Street and Number*) Arlington Avenue 34
5. *Full Name of Mother,* Maggie S. Stapleton
6. *Mother's Maiden Name,* Maggie Cane
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Timothy Stapleton
9. *Father's Occupation* Brakesman
10. *Father's Birthplace,* Ireland -

Name of Medical Attendant, or other person who makes this Return, Mrs S. Kelley

Address, 1922 Wilkins ave -

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

1 8 9 6 0 0 0 1 8 9 4

RETURN OF A BIRTH. 73782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, April 14th 1896
4. Place of Birth, (Street and Number) 1501 Hanover St.
5. Full Name of Mother, Amelia J. Schmidt
6. Mother's Maiden Name, Amelia J. Seidewitz
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Henry Schmidt
9. Father's Occupation, Druggist
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Katie Schmidt

Address, Leadenhall & Montgomery Sts

Remarks,

8960001895

Wm. J. C. Dulany Co., City Printers and Stationers.

...duty of each and every month to the office of the Commissioner of Health. In case the birth of any child ... shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 17. 96
4. *Place of Birth, (Street and Number)* 26. S. Eutaw St.
5. *Full Name of Mother,* Petrone Kazalis
6. *Mother's Maiden Name,* Petronė Senezka
7. *Mother's Birthplace,* Lithuania
8. *Full Name of Father,* Vincent Kazalis
9. *Father's Occupation* Painter + Editor
10. *Father's Birthplace,* Lithuania

Name of Medical Attendant, or other person who makes this Return, Johannes T. Julius M.D.

Address, 1928½ W. Pratt St. City

Remarks,

8960001896

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 of April
4. *Place of Birth, (Street and Number)* 1240 Cross st
5. *Full Name of Mother,* Maggie t Shanks
6. *Mother's Maiden Name,* Maggie t Roach
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Martin f Shanks
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Kelly

Address, 8 N Hanover St

Remarks,

8760001897

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverible.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* .....
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth,* 14 April
4. *Place of Birth, (Street and Number)* 126 Weber St
5. *Full Name of Mother,* Kate Bern
6. *Mother's Maiden Name,* Kate Kaar.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Bern.
9. *Father's Occupation* Labr
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Winnick

Address, 220 Lexington Street

Remarks, ...

1896 0001898

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 15 1896
4. Place of Birth, (Street and Number) 2245 Eastern Ave.
5. Full Name of Mother, Annie Sahlman
6. Mother's Maiden Name, Burkhard
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Sahlman
9. Father's Occupation Cabinet Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Mary Meier

Address, 1427 E. Pratt St.

Remarks,

1896000018999

Wm. J. C. Dulany Co., City Printers and Stationers.

Said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr 15
4. Place of Birth, (Street and Number) 1135 Pratt St.
5. Full Name of Mother, Mrs Mamie Shannon Heath
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto
8. Full Name of Father, James J Heath
9. Father's Occupation R.R.
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, E. S. Merriken M.D.

Address, Union Square

Remarks,

8 9 6 0 0 0 1 9 0 0

All females shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 16, 1896
4. *Place of Birth, (Street and Number)*	1619 N. Washington St
5. *Full Name of Mother,*	Maggie S. Gregson
6. *Mother's Maiden Name,*	Kennedy
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Alphaus Gregson
9. *Father's Occupation*	Wood-turner
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	J. F. Crouch M.D
Address,	1051 Fremont St
Remarks,	

8960001901

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 7 d.

1. *Sex,* (*state whether male or female*)
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* April 16. (6.30. P. M.)
4. *Place of Birth,* (*Street and Number*) 1114 Riverside Ave.
5. *Full Name of Mother,* Laura Virginia Kirby
6. *Mother's Maiden Name,* Magaha
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* William Henry Kirby
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. M. Kanne (for the

Address, Mothers Relief Society (632 N. Fremont Ave.

Remarks,

8 9 6 0 0 0 1 9 0 2

Wm. C. Dulany Co., City Printers and Stationers.

1336

RETURN OF A BIRTH. 73790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 16/96
4. Place of Birth, (Street and Number) 2307 Eastern Ave.
5. Full Name of Mother, Mannie Miller
6. Mother's Maiden Name, Magan
7. Mother's Birthplace, Balto.
8. Full Name of Father, Edward Miller
9. Father's Occupation Driver
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 200 S. Harp St.

Remarks,

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001903

RETURN OF A BIRTH. 73791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	16th of April 96
4. *Place of Birth, (Street and Number)*	2030 Christian St
5. *Full Name of Mother,*	Pierre Bariser
6. *Mother's Maiden Name,*	Pierse Klein
7. *Mother's Birthplace,*	Pole
8. *Full Name of Father,*	Adolph Bariser
9. *Father's Occupation*	Baker
10. *Father's Birthplace,*	Pole
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 W Pratt St.
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

3 9 6 0 0 0 1 9 0 4

(OVER)

RETURN OF A BIRTH. 7,392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Alfred ~~William~~ Kabernagel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 16 - 1896
4. Place of Birth, (Street and Number) 102 Water St.
5. Full Name of Mother, Augusta Kabernagel
6. Mother's Maiden Name, Depkin
7. Mother's Birthplace, Germany
8. Full Name of Father, William Kabernagel
9. Father's Occupation Saloon Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Klein

Address, 427 E.

Remarks,

The following shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001905

1236]

RETURN OF A BIRTH. 73793

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 17/96
4. Place of Birth, (Street and Number) 2122 E. Fayette St.
5. Full Name of Mother, Annie J. Schmitt
6. Mother's Maiden Name, " " Jech
7. Mother's Birthplace, Balto
8. Full Name of Father, John Schmitt
9. Father's Occupation Tailor
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1200 E Sharp St.

Remarks,

8 9 6 0 0 0 1 9 0 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, physician or practitioner of midwifery, or other person who shall attend upon any birth, shall, within ten days after the birth of each child, if any shall have occurred without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, obtain the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, 17 April
4. Place of Birth, (Street and Number) 1504 Lining st.
5. Full Name of Mother, Theade Bilz
6. Mother's Maiden Name, Thabenbiyea
7. Mother's Birthplace, Germanie
8. Full Name of Father, Conrad Bilz
9. Father's Occupation
10. Father's Birthplace, Germ

Name of Medical Attendant, or other person who makes this Return, Emma Walker

Address, 928 n. Central Avenue

Remarks,

8960001907

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 18 April
4. *Place of Birth, (Street and Number)* 622 S Eden st.
5. *Full Name of Mother,* Anna Dill
6. *Mother's Maiden Name,* Himmelman
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Willie Dill
9. *Father's Occupation* carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N Castle Avenue

Remarks,

D

1896000190 8

Wm. J. C. Dulany Co., City Printers and Stationers.

...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	18th of April 96
4. *Place of Birth, (Street and Number)*	2102 E Lanvale St.
5. *Full Name of Mother,*	Barbara Feierherd
6. *Mother's Maiden Name,*	Barbara Winst
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Adolph Feierherd
9. *Father's Occupation*	Stonemason
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Friederike Kaulen Midwife
Address,	2116 W Pratt St
Remarks,	

Such certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 4 6 0 0 0 1 9 0 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 18th 1896.
4. Place of Birth, (Street and Number) 916 N. Castel - Street
5. Full Name of Mother, Mary Heuer
6. Mother's Maiden Name, Haly
7. Mother's Birthplace, Baltimore
8. Full Name of Father, August Heuer
9. Father's Occupation Tinner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H. Frau Meitzer

Address, 1922 E. Fayette - Street

Remarks,

8960001910

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73798

GIVEN NAME ADDED 11-23-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Marie Wilhelmena ~~Katherine~~ Schroeder

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 18 - 96
4. Place of Birth, (Street and Number) 1905 Ashland Ave
5. Full Name of Mother, Cora Schroeder
6. Mother's Maiden Name, " Hellmyer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward Schroeder
9. Father's Occupation Meter Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1438 N. Bond St

Remarks,

8960001911

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3/20/52

~~RETURN~~ OF A BIRTH. 73799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Irving Pollard Pearce

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, April 7th, 1896.
4. Place of Birth, (Street and Number) 289 Cedar ave.
5. Full Name of Mother, Rosa M. Pearce.
6. Mother's Maiden Name, Hare.
7. Mother's Birthplace, Md.
8. Full Name of Father, Wallace Jackson Pearce.
9. Father's Occupation Railroader.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Tintchell M.D.

Address, 291 Chestnut ave.

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 9 6 0 0 0 1 9 1 2

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Apr. 18th 1896
4. Place of Birth, (Street and Number) #610 Collett st.
5. Full Name of Mother, Mrs. Maggie N. Williams
6. Mother's Maiden Name, Taylor
7. Mother's Birthplace, Anne Arundel Co. Md.
8. Full Name of Father, Mr. Laurence Williams
9. Father's Occupation, Porter
10. Father's Birthplace, Frederick Co. Md.

Name of Medical Attendant, or other person who makes this Return, Wm. E. Miller, M.D.

Address, 2239 Pennsylvania Ave.

Remarks,

8960001913

Wm J C. Dulany Co., City Printers and Stationers.

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl.
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 19/96
4. Place of Birth, (Street and Number) 8 N. Wolf St.
5. Full Name of Mother, Rosa Waigels
6. Mother's Maiden Name, " Schäflein
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles Waigels
9. Father's Occupation Shoemaker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 201 Lochart St.

Remarks,

8960001914

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 19 1896
4. Place of Birth, (Street and Number) 2212 Bank St.
5. Full Name of Mother, Hester Lee Roberts
6. Mother's Maiden Name, Long
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Clinton Roberts
9. Father's Occupation Colector
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Fratt St

Remarks,

8960001915

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 19 1896
4. Place of Birth, (Street and Number) 1731 E. Pratt St.
5. Full Name of Mother, Malie L. Ironmonger
6. Mother's Maiden Name, Braskear
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Ironmonger
9. Father's Occupation Upholsten
10. Father's Birthplace, Norfolk Va

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8766001916

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 April 1896
4. Place of Birth, (Street and Number) 2411 Canton av
5. Full Name of Mother, Katrin Offer
6. Mother's Maiden Name, Katrin Manchan
7. Mother's Birthplace, Baltimor Md
8. Full Name of Father, John Offer
9. Father's Occupation Chairmaker
10. Father's Birthplace, Germeny

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

8 V 6 U 0 0 1 9 1 7

Wm. J. C. Dulany Co., City Printers and Stationers

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-D

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 19-96
4. Place of Birth, (Street and Number) Presberry st. Walbrook
5. Full Name of Mother, Kate Rasmus
6. Mother's Maiden Name, " Gross
7. Mother's Birthplace, Balto.
8. Full Name of Father, William Rasmus
9. Father's Occupation, Salesman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, C. L. Buddenbohn

Address, 418 S. Paca St.

Remarks,

8960001918

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, April 19.
4. Place of Birth, (Street and Number) 1216 Marshall Street.
5. Full Name of Mother, Annie Appel.
6. Mother's Maiden Name, Benniger.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Andreas Heinrich Appel.
9. Father's Occupation Laborer.
10. Father's Birthplace, Brooklyn, N. Y.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kamm (for the

Address, Mother Relief Society) 632 N. Fremont Ave.

Remarks,

8960001919

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, April 19. (3 o'clock A. M.)
4. Place of Birth, (Street and Number) Rollins Street.
5. Full Name of Mother, Susanna Cline.
6. Mother's Maiden Name, Price
7. Mother's Birthplace, Mount Carmel Pa. Balto. Md.
8. Full Name of Father, Joseph John Cline.
9. Father's Occupation Salesman
10. Father's Birthplace, Mount Carmel, Pa. (died April 19. 96.)

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kanne (for the

Address, Mothers Relief Society) 632. N. Fremont Ave.

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960001920

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 19 "96
4. Place of Birth, (Street and Number) #205 Monroe Street
5. Full Name of Mother, Ida Covey
6. Mother's Maiden Name, Ida Morgan
7. Mother's Birthplace, Frederick City
8. Full Name of Father. Bernard E Covey
9. Father's Occupation Huckster
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, 1922 Hilleks Avenue

Remarks,

1896 0001921

Wm. J. C. Dulany Co., City Printers and Stationers.

Certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 19th 1896
4. Place of Birth, (Street and Number) 706 Albert St
5. Full Name of Mother, Mary Francis Williams
6. Mother's Maiden Name, Mary Francis Lobisels
7. Mother's Birthplace, Southwest Va
8. Full Name of Father, Charles Edwin Williams
9. Father's Occupation Actor Musician
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Jane Peregoy

Address, 2847 Lonvale St

Remarks,

1896 0001922

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 19
4. Place of Birth, (Street and Number) 1124 Wash. St
5. Full Name of Mother, Josie
6. Mother's Maiden Name, Jesna Sikra
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Mathias Josie
9. Father's Occupation Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Tourjan

Address, 1112 Scott St

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001923

RETURN OF A BIRTH. 73811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 20th 1896.
4. Place of Birth, (Street and Number) 712 Cumberland St
5. Full Name of Mother, Elizabeth Ann Campbell
6. Mother's Maiden Name, Elizabeth ann Sands
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm Campbell
9. Father's Occupation Bookkeeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs Mc I Stuckney

Remarks, 731 Cumberland St

8960001924

Wm. J. C. Dulany Co., City Printers and Stationers.

Said return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr 20 " 96
4. Place of Birth, (Street and Number) 1114 Pratt St
5. Full Name of Mother, Mrs Maggie Ann Branch
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto
8. Full Name of Father, Robt G. Branch
9. Father's Occupation Waiter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, S. S. Ellington

Address, Union Sq

Remarks,

8960001925

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	April 28
4. *Place of Birth, (Street and Number)*	1231 W. Lewis St.
5. *Full Name of Mother,*	Nannie Kane
6. *Mother's Maiden Name,*	Andrews
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Kane
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Mrs. M. Morrison
Address,	712 Scott
Remarks,	

8 9 6 0 0 0 1 9 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 20/96
4. Place of Birth, (Street and Number) 1826 E. Fayette St.
5. Full Name of Mother, Annie Julauf
6. Mother's Maiden Name, Weller
7. Mother's Birthplace, Balto.
8. Full Name of Father, August Julauf
9. Father's Occupation Treiber
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1201 S. Sharp St

Remarks,

8 9 6 U 0 0 1 9 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

...delivered, duly signed by the practitioner in the form of a certificate hereto annexed, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73815

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 21 April
4. *Place of Birth, (Street and Number)* 1114 Central Av.
5. *Full Name of Mother,* Anna Lober
6. *Mother's Maiden Name,* Schmidt
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Lober
9. *Father's Occupation* —
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 North Central Avenue

Remarks,

8960001928

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 7. 1896
4. *Place of Birth, (Street and Number)*	St. Vincents Inf. Asylum
5. *Full Name of Mother,*	Cecilia Miller
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Not known
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	A. le. Rossi M. D.
Address,	807 N. Eutaw St.
Remarks,	

8960001929

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 18. 1896
4. *Place of Birth, (Street and Number)*	St. Vincents Inf. Asylum
5. *Full Name of Mother,*	Teresa Mc. Nierney
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	not known
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	R. Le. Rasin M.D.
Address,	1807 N. Eutaw St.
Remarks,	

8 4 6 0 0 0 1 9 3 0

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 20th 1896
4. *Place of Birth, (Street and Number)* 253 Roberts
5. *Full Name of Mother,* Cora Garland
6. *Mother's Maiden Name,* Sanders
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Wilmer Garland
9. *Father's Occupation* Manufacturer Coat
10. *Father's Birthplace,* Camden N.J.

Name of Medical Attendant, or other person who makes this Return, Chas E Wallis

Address, 1859 Bolton St

Remarks,

8960001931

Wm. J. C. Dulany Co., City Printers and Stationers.

Such Certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, April 20, 1896.
4. Place of Birth, (Street and Number) 2819 Cedar ave.
5. Full Name of Mother, Amanda Klein.
6. Mother's Maiden Name, Crumbliss.
7. Mother's Birthplace, Md.
8. Full Name of Father, John W. Klein.
9. Father's Occupation Railroader.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Aisquith ave.

Remarks,

8466001932

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, April 20, 1896.
4. Place of Birth, (Street and Number) 259 Roland ave.
5. Full Name of Mother, Laura A. Hyson.
6. Mother's Maiden Name, Ray.
7. Mother's Birthplace, Md.
8. Full Name of Father, Frank Lincoln Hyson
9. Father's Occupation Carpenter
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas H. Nicholl M.D.

Address, 291 Chestnut ave.

Remarks,

8960001933

Wm. J. C. Dulany Co., City Printers and Stationers

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over.

RETURN OF A BIRTH. 73821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mther, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whther male or female) Male
2. Race or Color if not of the white race)
3. Date of Birt, 28 April 96
4. Place of Birt (Street and Number) 420 Cortlandt
5. Full Name of Mother, Fannie E Woodward
6. Mother's Maen Name, Miss Harris
7. Mother's Birplace, Augusta Co Va
8. Full Name Father, Joseph R Woodward
9. Father's Occation Carpenter
10. Father's Beplace, Richmond Va

Name of Meal Attendant, or other person who makes this Return, Mrs Wunch

Address, 20 Broadmead Street

Remarks, Ch name of child Merchant Crump Woodward

8760001934

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printd Stationers

RETURN OF A BIRTH. 73832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female),* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 20 "96
4. *Place of Birth, (Street and Number)* 606 Fulton Ave
5. *Full Name of Mother,* Alice Williams Young
6. *Mother's Maiden Name,* Alice Williams
7. *Mother's Birthplace,* Columbia Pennsylvania
8. *Full Name of Father,* Godlip Young
9. *Father's Occupation* Died
10. *Father's Birthplace,* Lancaster Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Wm S Kelly

Address, 1922 Wilkens Avenue

Remarks,

8960001935

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-1-58

RETURN OF A BIRTH. 73823

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Helen Miller

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* Apr 21 - 1896
5. *Place of Birth, (Street and Number)* 322 S Stricker St
6. *Full Name of Mother,* Mrs Ella Williams Miller
7. *Mother's Maiden Name,* "
8. *Mother's Birthplace,* Balto
9. *Full Name of Father,* Henry Miller
10. *Father's Occupation* R.R.
11. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, S. S. Leftwich

Address, Lemoin Spruce

Remarks,

8 9 6 0 0 0 1 9 3 6

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74001

ce of Registrar of Vital Statistics, Board of Health, Baltimore City.

ther, (state whether 1st, 2d, 3d, &c.)	6th
ether male or female)	Female
r, (if not of the white race)	White
rth,	May 29th 96
th, (Street and Number)	Md Gen'l Hosp
of Mother,	Mrs McConnell
iden Name,	Fannie Smith
irthplace,	Md
of Father,	Mahoney
ccupation	
Birthplace,	
Medical Attendant, or other person who makes this Return,	O. O Lumpkin M.D
	Md Gen'l Hospital

rinters and S

8960001937

RETURN OF A BIRTH. 73854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 21st of April 1900
4. *Place of Birth, (Street and Number)* 2312 Pennsylvania ave
5. *Full Name of Mother,* Wilhelmine Lehlbach
6. *Mother's Maiden Name,* Wilhelmine Walter
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Lehlbach
9. *Father's Occupation* Retired
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A Shockey

Address, 731 Cumberland St

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960001938

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73825

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 21 - 96
4. *Place of Birth, (Street and Number)* 1601 E. Preston
5. *Full Name of Mother,* Emma F. Bottinger
6. *Mother's Maiden Name,* Simpson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Miller B. Bottinger
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A Allwell

Address, 1438 N. Bond St

Remarks,

8 9 6 0 0 0 1 9 3 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 21. 95.
4. *Place of Birth, (Street and Number)* 118 Monroe St. South
5. *Full Name of Mother,* Rebecca Lanchinski
6. *Mother's Maiden Name,* Rebecca Nacht
7. *Mother's Birthplace,* New York city.
8. *Full Name of Father,* Vincent Landinski
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Lithuania

Name of Medical Attendant, or other person who makes this Return, Johanna T. Zellers M.D.

Address, 1928 1/2 W. Pratt St. City.

Remarks,

8960001940

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 2, 96
4. Place of Birth, (Street and Number) 1605 Lanvale St
5. Full Name of Mother, Katie Bruning
6. Mother's Maiden Name, " Schmidt
7. Mother's Birthplace, Germany
8. Full Name of Father, George Bruning
9. Father's Occupation Stone Cutter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Miller
1605 Walker

Address,

Remarks,

8766001941

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 73828

GIVEN NAME ADDED -6-24-66

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: GRACE MARGARET — HILL

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Apr. 21. 1896
4. Place of Birth, (Street and Number) 1004 Druid Hill Ave
5. Full Name of Mother, Margaret Hill
6. Mother's Maiden Name, Margaret Peck
7. Mother's Birthplace, New York
8. Full Name of Father, Daniel Hill
9. Father's Occupation, Minister
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Louis Easton M.D.

Address, 410 W. Biddle St.

Remarks,

8260001942

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

...shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr 22
4. Place of Birth, (Street and Number) 122 S Carey St
5. Full Name of Mother, Mrs Louisa Langenfelder Williams
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md
8. Full Name of Father, Edward M Williams
9. Father's Occupation Packer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, E. E. Ulrich

Address, Lemmon Pa

Remarks,

8 9 6 0 0 0 1 9 4 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 22 1896
4. *Place of Birth, (Street and Number)* Old Frederick Road
5. *Full Name of Mother,* Mary Nicholson
6. *Mother's Maiden Name,* Mary A Nolle
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Richard J Nicholson
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, C B Watkins M D

Address, Frederick & Aisquith Sts

Remarks,

8960001944

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-14-58

RETURN OF A BIRTH. 73831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Jennie Isackson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 April 1896
4. Place of Birth, (Street and Number) 605 Fawn St
5. Full Name of Mother, Sarah Isackson
6. Mother's Maiden Name, Abel
7. Mother's Birthplace, Russia
8. Full Name of Father, Bernie Isackson
9. Father's Occupation Carpenter
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Silverman

Address, 72 Albemarle St.

Remarks,

The Certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practioner of midwifery, or should become the duty of the person or parents of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001945

GIVEN NAME ADDED 5-23-66

RETURN OF A BIRTH. 73832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: ROSE GOLDMAN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 April 1884
4. *Place of Birth, (Street and Number)* 30 Central Ave
5. *Full Name of Mother,* Annie Goldman
6. *Mother's Maiden Name,* Harman
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* Aaron Goldman
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Silverman

Address, 72 Albemarle

Remarks,

8466001946

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 73833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (State whether male or female)* male
2. *Race or color, (if not of the white race)* white
3. *Date of Birth,* April 7th
4. *Place of Birth, (Street and Number)* 805 Forest Ave
5. *Full Name of Mother,* Lizzie Smith
6. *Mother's Maiden Name,* " Cramblitt
7. *Mother's Birthplace,* Elliot City
8. *Full Name of Father,* Geo W Smith
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Elliot city

Name of Medical Attendant, or other person who makes this Return, Wm H Feddeman

Address, 102 Chestnut Ave

Remarks,

8960001947

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

O. BULANY & CO., CITY PRINTERS AND STATIONERS.

61

RETURN OF A BIRTH. 73834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, February 8 96
4. Place of Birth, (Street and Number) 120 No. Eldersleigh
5. Full Name of Mother, Mary Catherine
6. Mother's Maiden Name, Pratt
7. Mother's Birthplace, America
8. Full Name of Father, Barney Cohen
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Schuerman

Address, 20 Aisquith St

Remarks,

8960001948

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife shall report to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Paul ~~M. Fok~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 Nov. 83
4. Place of Birth, (Street and Number) 203 N. Bath St
5. Full Name of Mother, Rebecca Fox
6. Mother's Maiden Name, Zeisler
7. Mother's Birthplace, Pennsa
8. Full Name of Father, Herman Fox
9. Father's Occupation Carpenter Jewler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Peterman

Address, 42 Aberdeen St

Remarks,

8960001949

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

6

RETURN OF A BIRTH. 73836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 8 96
4. Place of Birth, (Street and Number) 15 Central Ave
5. Full Name of Mother, Annie Snider
6. Mother's Maiden Name, Tarrasky
7. Mother's Birthplace, Russia
8. Full Name of Father, Isaac Snider
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Silverman

Address, 423 Aisquith St

Remarks,

18960001950

Wm. J. C. Dulany Co., City Printers and Stationers.

every month to the office of the Commissioner of Health. In case the birth of any child of such physician or practioner of midwifery, or should no other person be in duty of the person or parents of such the period above required, and manner and within the provisions of this section shall be sub- Health, to comply with the provisions of this section shall be sub- hereafter fail to comply with the provisions of this section shall be sub- offence, to be recovered as other fines and forfeitures are recoverable. dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 73837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	April 11th 1896
4. *Place of Birth, (Street and Number)*	183 Caroll Av.
5. *Full Name of Mother,*	Mary J. Chalk
6. *Mother's Maiden Name,*	" L. Fair
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Chas. S. Chalk
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return.	Wm. F. Stevens M.D.
Address,	1102 Chestnut Ave
Remarks,	

8960001951

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 73838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 1896
4. Place of Birth, (Street and Number) 162 No. Eden St
5. Full Name of Mother, Rachel ~~Fishbein~~ Fitzpatrick
6. Mother's Maiden Name, Patick
7. Mother's Birthplace, Russia
8. Full Name of Father, Isaac Fitzpatrick
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Scheuman

Address, 42 Albemarle St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 6 0 0 0 0 1 9 5 2

Every birth shall be registered within the first ten days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

61

RETURN OF A BIRTH. 73839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Jr Tute
3. *Date of Birth,* April 1 1896
4. *Place of Birth, (Street and Number)* 819 S Hanover St
5. *Full Name of Mother,* Katie Fairbury
6. *Mother's Maiden Name,* Thurdaver
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Sandy Fairbury
9. *Father's Occupation* Late Keeper
10. *Father's Birthplace,* Barbados

Name of Medical Attendant, or other person who makes this Return, E. Bluman

Address, 720 Aisquith St

Remarks,

8460001953

Wm. J. C. Dulany Co., City Printers and Stationers.

36]

GIVEN NAME ADDED 5-6-58

RETURN OF A BIRTH. 73 840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Abraham Teichman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 April 1898
4. Place of Birth, (Street and Number) 1407 E. & N. Baltimore St
5. Full Name of Mother, Rosa Teichman
6. Mother's Maiden Name, Robinson
7. Mother's Birthplace, Austria
8. Full Name of Father, Nathan Teichman
9. Father's Occupation Tailor
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return, Dr. Gibson

Address, 17 E. Baltimore St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8460001954

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 73841

CERTIFICATE CORRECTED 12-10-36

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Clarence Arthur Cox

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) male
2. Race or color, (if not of the white race) white
3. Date of Birth, April 14th 1926
4. Place of Birth, (Street and Number) 241 Chestnut Ave
5. Full Name of Mother, Elizabeth J. Cox
6. Mother's Maiden Name, " " (Kornmann Kornman)
7. Mother's Birthplace, Md.
8. Full Name of Father, Walter E. Cox
9. Father's Occupation, Tinner
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return Wm. H. Feldman

Address 102 Chestnut Ave

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth or any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960001955

G. MAGAHY & SON, PRINTERS AND STATIONERS.

6]

RETURN OF A BIRTH. 73842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 April
4. *Place of Birth, (Street and Number)* 19 Harrison St
5. *Full Name of Mother,* Ev Staffa
6. *Mother's Maiden Name,* Ca Hart
7. *Mother's Birthplace,* (8) Harrison Baffin
8. *Full Name of Father,* (7) Russell
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, 16 Sherman

Address, 42 Aliceanna St

Remarks,

8 9 6 0 0 0 1 9 5 6

Wm. J. C. Dulany Co., City Printers and Stationers.

...day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

61

RETURN OF A BIRTH. 73843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 April 1896
4. *Place of Birth, (Street and Number)* 626 E Baltimore
5. *Full Name of Mother,* Annie Becker
6. *Mother's Maiden Name,* Rosenberg
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* Jos H Becker
9. *Father's Occupation* Store keeper
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Klussmann

Address, 626 E Baltimore St

Remarks,

This day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001957

6

RETURN OF A BIRTH. 73844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 8 93
4. Place of Birth, (Street and Number) 147 Hoe ~~Cottage~~ Factory Sts
5. Full Name of Mother, Becca Schneider
6. Mother's Maiden Name, Unark
7. Mother's Birthplace, Prussia
8. Full Name of Father, Jake Schneider
9. Father's Occupation Tailor
10. Father's Birthplace, Prussia.

Name of Medical Attendant, or other person who makes this Return, E. Peterman

Address, 42 Baltimore St

Remarks,

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

B 7 6 0 0 0 1 9 5 8

6]

RETURN OF A BIRTH. 73845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 April 1894
4. *Place of Birth, (Street and Number)* 24 Albemarle St
5. *Full Name of Mother,* Sara Goldberg
6. *Mother's Maiden Name,* Finick
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Aron Goldberg
9. *Father's Occupation* Coffee business
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 42 Albemarle St

Remarks,

8 9 6 0 0 0 1 9 5 9

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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GIVEN NAME ADDED 3-6-50

RETURN OF A BIRTH. 73846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Joseph Cohen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 April 1856
4. Place of Birth, (Street and Number) 642 Thames St
5. Full Name of Mother, Louisa Cohen
6. Mother's Maiden Name, Myer
7. Mother's Birthplace, Russia
8. Full Name of Father, Hermann Cohen
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, G. Eberman

Address, 42 Allemanle St

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no otherwise child attendance upon the mother, immediately thereafter it shall become the duty of the person in charge child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960001960

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 73847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	Apr 19th 1896
4. *Place of Birth, (Street and Number)*	839 Huntingdon Ave
5. *Full Name of Mother,*	Ida L Seidelman
6. *Mother's Maiden Name,*	" " Barber
7. *Mother's Birthplace,*	Penn
8. *Full Name of Father,*	John B Seidelman
9. *Father's Occupation,*	Wholesale man
10. *Father's Birthplace,*	Penn
Name of Medical Attendant, or other person who makes this Return.	Wm N Fe Seidelman
Address,	102 Chestnut Ave
Remarks,	

8960001961

G. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 73848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	April 12th 1896
4. *Place of Birth, (Street and Number)*	286 Roland Ave
5. *Full Name of Mother,*	Lizzie S ~~Miller~~ Miller
6. *Mother's Maiden Name,*	" " Kilmon
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Chas L Miller
9. *Father's Occupation,*	Roller-maker
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return.	Wm H. Fender M.D.
Address,	#102 Chestnut Ave
Remarks,	

8960001962

G. BULLY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 73849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 April 890
4. Place of Birth, (Street and Number) 407 E Fort Ave
5. Full Name of Mother, Emilie Feldstein
6. Mother's Maiden Name, Hermann
7. Mother's Birthplace, Russia
8. Full Name of Father, Benjamin Feldstein
9. Father's Occupation Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Silverman

Address, 412 Wilmarle

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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36

RETURN OF A BIRTH. 73850

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 March 896
4. Place of Birth, (Street and Number) 227 Farrand St
5. Full Name of Mother, Mary Mc Coy
6. Mother's Maiden Name, Parnell
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Hugh Mc Coy
9. Father's Occupation Coachman
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Dr Schuppert

Address, 1702 Eutaw St

Remarks,

8960001964

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73851

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	April 22. 96
4. *Place of Birth, (Street and Number)*	324 N. Hoffman St.
5. *Full Name of Mother,*	Della Powell.
6. *Mother's Maiden Name,*	Manning
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	James Powell.
9. *Father's Occupation*	Porter
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	William Kirk M.D.
Address,	1204 W. Lafayette Ave
Remarks,	

8960001965

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 22, 1896
4. *Place of Birth, (Street and Number)* 812 Potomac St.
5. *Full Name of Mother,* Mary Burman
6. *Mother's Maiden Name,* Mary Burman
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Richard Burman
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Irwin C. Krauss

Address, 834 Eastern Ave.

Remarks,

8960001966

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th Ch.
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 22nd Fi
4. *Place of Birth, (Street and Number)*	407 Madison St
5. *Full Name of Mother,*	Mrs Bridget Kelly
6. *Mother's Maiden Name,*	Bridget McNeilly
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Martin Kelly
9. *Father's Occupation*	Labourer
10. *Father's Birthplace,*	Ireland
Name of Medical Attendant, or other person who makes this Return,	Annie O Brien
Address,	
Remarks,	

8960001967

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	22nd of April 96
4. *Place of Birth, (Street and Number)*	1705 Lemon St.
5. *Full Name of Mother,*	Lice Dieterich
6. *Mother's Maiden Name,*	Lice Langmann
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Carl Dieterich
9. *Father's Occupation*	Laber
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler midwife
Address,	2116 W Pratt St
Remarks,	

8460001968

Wm. J. C. Dulany Co., City Printers and Stationers.

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73855

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 22 '96
4. Place of Birth, (Street and Number) 1902 Ramsay St
5. Full Name of Mother, Mary E Jones
6. Mother's Maiden Name, Mary E Shaw
7. Mother's Birthplace, Elliot City
8. Full Name of Father, Charles F. Jones
9. Father's Occupation Gold Gilder
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Jno S Kelly

Address, #922 Wilkens Ave.

Remarks,

8960001969

Wm. J. C. Dulany Co., City Printers and Stationers

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

61

GIVEN NAME ADDED – 6/12/1920

RETURN OF A BIRTH. 73856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: SAMUEL BARON

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male — Samuel 6/12/20 a P.J.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 April 1896
4. Place of Birth, (Street and Number) 115 Exeter St
5. Full Name of Mother, Dora Baron
6. Mother's Maiden Name, Kushner
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Baron
9. Father's Occupation Painter
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Silverman

Address, 420 Aisquith St

Remarks,

Filed: 1896

8960001970

Wm. J. C. Dulany Co., City Printers and Stationers.

Each day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 23 1896
4. *Place of Birth, (Street and Number)* 867 Frederick Ave
5. *Full Name of Mother,* Hattie Fink
6. *Mother's Maiden Name,* Hattie Watts
7. *Mother's Birthplace,* Elkridge Howard Co.
8. *Full Name of Father,* John H Fink
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Elkridge Howard Co.

Name of Medical Attendant, or other person who makes this Return, John B Mullins M.D.

Address, Frederick & Augusta Aves

Remarks,

8760001971

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 23. 1896
4. Place of Birth, (Street and Number) 412 N. Eutaw St.
5. Full Name of Mother, Ella Laumie
6. Mother's Maiden Name, Ella Laumie
7. Mother's Birthplace, Va.
8. Full Name of Father, Charles Sample
9. Father's Occupation Barber
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Louise Eaton M.D.

Address, 410 N. Eutaw St

Remarks,

8460001972

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 1/2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23rd of April 96
4. *Place of Birth, (Street and Number)* 109 Penn St
5. *Full Name of Mother,* Ursula Ginas
6. *Mother's Maiden Name,* Ursula Lucaschevdes
7. *Mother's Birthplace,* Litau
8. *Full Name of Father,* Vincent Ginas
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Litau

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W Pratt St

Remarks,

8960001973

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 23, 1896
4. *Place of Birth, (Street and Number)* 2513 Guilford Ave
5. *Full Name of Mother,* Sarah E. Gassett
6. *Mother's Maiden Name,* Sarah Penrose
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Thomas Gassett
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Dr. Mary L. Sherman

Address, 825 Guilford Ave.

Remarks,

T 8960001974

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	Apr 23d 1896
4. *Place of Birth, (Street and Number)*	3068 Cedar Ave.
5. *Full Name of Mother,*	Fanny Davis
6. *Mother's Maiden Name,*	Fanny Crowl
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	John Davis
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace,*	Howard Co. Md.
Name of Medical Attendant, or other person who makes this Return,	Geo. T. Thower, M.D.
Address,	421 Rolands Ave. Waverly
Remarks,	

8960001975

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to couply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 8 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, The 23 of April 1896

4. Place of Birth, (Street and Number) No 1046 Mitchell St

5. Full Name of Mother, Annie Gately

6. Mother's Maiden Name, Annie Tintone

7. Mother's Birthplace, Ireland

8. Full Name of Father, Michael Gately

9. Father's Occupation Paper H

10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Jno. Ch. Lauer

Address, No 1059 Hanford Ave

Remarks, Balt Md

1896

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

5960001976

over

RETURN OF A BIRTH. 75863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Hilda Elizabeth ~~Platt~~ Platt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, April 23 - 96

4. Place of Birth, (Street and Number) 1713 E Oliver

5. Full Name of Mother, Florence F. Platt

6. Mother's Maiden Name, " " Brannaw

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Phillip Platt

9. Father's Occupation Salesman

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A Sellwell

Address, 1438 N Bond St

Remarks,

8 4 6 0 0 0 1 9 7 1

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 23, 1896
4. Place of Birth, (Street and Number) 520 W. Lee St. City
5. Full Name of Mother, Catherine Mary Wagengast.
6. Mother's Maiden Name, Hummer.
7. Mother's Birthplace, Co. of Green & Barre Sts
8. Full Name of Father, John K Wagengast
9. Father's Occupation, Car-builder
10. Father's Birthplace, Co. of Green & Barre Sts

Name of Medical Attendant, or other person who makes this Return, Louis Hausner

Address, 400 Loadenhall Street

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

8960001978

RETURN OF A BIRTH. 73865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, April 23 (5. 20. A. M.
4. Place of Birth, (Street and Number) 815 E Monument Ave.
5. Full Name of Mother, Elisabeth Hirsel,
6. Mother's Maiden Name, Geiser.
7. Mother's Birthplace, Wabern near Cassel - Germany.
8. Full Name of Father, Johann Wilhelm Hirsel,
9. Father's Occupation Printer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. H. Kessel,

Address, 632. N. Fremont Ave.

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

8960001979

RETURN OF A BIRTH. 73866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex,* (state whether male or female) Male
2. *Race or Color,* (if not of the white race) White
3. *Date of Birth,* April 24. 1896.
4. *Place of Birth,* (Street and Number) 410 N. Hoffman St
5. *Full Name of Mother,* Ernie Whitlow
6. *Mother's Maiden Name,* Ernie McKane
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* John Whitlow
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return. Louise Eubanks M.D.

Address, 410 N. Hoffman St

Remarks, Walnut Ave. M. C.

Wm. J. C. Dulany Co., City Printers and Stationers.

8966 0001980

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 24 1896
4. *Place of Birth, (Street and Number)* 303 S. High St.
5. *Full Name of Mother,* Mary Palmisano
6. *Mother's Maiden Name,* Restivo
7. *Mother's Birthplace,* Italie
8. *Full Name of Father,* Mariano Palmisano
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Italie

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001981

RETURN OF A BIRTH. 73868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child Clarence Edgar Foulke

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 24, 1916
4. Place of Birth, (Street and Number) 2908 Lindsay Ave.
5. Full Name of Mother, Mary Foulke
6. Mother's Maiden Name, Mary Jones
7. Mother's Birthplace, Md.
8. Full Name of Father, Clarence Foulke
9. Father's Occupation Laborer
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Dr. J. L. Straus

Address, 824 Eutaw St.

Remarks,

8960001982

Wm. J. C. Dulany Co., City Printers and Stationers

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

over

RETURN OF A BIRTH. 73869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Charles Hensel Ruppert

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, April 24. 11.15 P.M.
4. Place of Birth, (Street and Number) 1510. Riverside Ave.
5. Full Name of Mother, Catherine Ruppert
6. Mother's Maiden Name, Buchheit
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Franklin Ruppert
9. Father's Occupation Laborer
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kasue / for the

Address, Mothers Relief Society / 632 E. Fremont Ave.

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

5466001983

RETURN OF A BIRTH. 73870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 25, 1896
4. *Place of Birth, (Street and Number)*	1132 Pinckney St.
5. *Full Name of Mother,*	Augusta K. Bisker
6. *Mother's Maiden Name,*	Keene
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	John A. Bisker
9. *Father's Occupation*	Coachman
10. *Father's Birthplace,*	Pennsylvania
Name of Medical Attendant, or other person who makes this Return,	J. Smith Crouch, M.D
Address,	1051 Linquist St
Remarks,	

8960001984

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 25th 96.
4. Place of Birth, (Street and Number) 1611 Stockton St
5. Full Name of Mother, Martha Ann Perez Williams
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Geo R. Perez
9. Father's Occupation, Typist
10. Father's Birthplace, Chicago

Name of Medical Attendant, or other person who makes this Return, W B Perry MD

Address,

Remarks,

8960001985

Wm J C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 25th 1896
4. *Place of Birth, (Street and Number)* 1411 Riverside Ave
5. *Full Name of Mother,* Mrs Emma Hilton
6. *Mother's Maiden Name,* Emma Williams
7. *Mother's Birthplace,* Annapolis
8. *Full Name of Father,* Edward Hilton
9. *Father's Occupation* Ship carpenter
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Susan Dolan

Address,

Remarks,

8960001986

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 25-1896
4. *Place of Birth, (Street and Number)*	153 W. Lanvale
5. *Full Name of Mother,*	Ida Michael
6. *Mother's Maiden Name,*	Ida Frank
7. *Mother's Birthplace,*	Balto Md
8. *Full Name of Father,*	Wm Michael
9. *Father's Occupation*	Woodworker
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	Henry Boyd
Address,	677 Columbia ave
Remarks,	

The Physician, Midwife or other person in attendance upon any birth shall within ten days after the birth of any child report to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

6960001987

RETURN OF A BIRTH. 73874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 th.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White Race.
3. *Date of Birth,*	April. 25/96.
4. *Place of Birth, (Street and Number)*	No. 1009 Lines Alley
5. *Full Name of Mother,*	Mary Schellhouse
6. *Mother's Maiden Name,*	" Wagner.
7. *Mother's Birthplace,*	Balto Md.
8. *Full Name of Father,*	Henry Schellhouse
9. *Father's Occupation*	Laborer.
10. *Father's Birthplace,*	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	Annie Yeager.
Address,	No 1603 S. Charles St.
Remarks,	Yours Respectfully.

8960001988 F

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1336]

GIVEN NAME ADDED 12-28-51

RETURN OF A BIRTH. 70875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Emma Marie Long

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25th April, 1896
4. Place of Birth, (Street and Number) No 1250 Light St.
5. Full Name of Mother, Annie Long
6. Mother's Maiden Name, Schmidt
7. Mother's Birthplace, Germany.
8. Full Name of Father, Henry Long
9. Father's Occupation Labor.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Miss A. M. Bishop

Address, No 1137 Carroll St.

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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236

RETURN OF A BIRTH. 73276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 25/96
4. *Place of Birth, (Street and Number)* 718 Duncan Alley (North)
5. *Full Name of Mother,* Louise Devees
6. *Mother's Maiden Name,* " Riess
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Harry Devees
9. *Father's Occupation* Laberer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1201 E. Lee St.

Remarks,

8960001990

Wm. J. C. Dulany Co., City Printers and Stationers.

This Return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* April 25 1896.
4. *Place of Birth, (Street and Number)* 553 Fremont ave.
5. *Full Name of Mother,* Fannie Luckha German.
6. *Mother's Maiden Name,* Lorman.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Charles Rudolph German.
9. *Father's Occupation* Coach-painter.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return. Chandt, Mitchell & Ds

Address, 291 Cheatnut ave.

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960001991

RETURN OF A BIRTH. 73878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 25. (12. 30. P. M.)
4. *Place of Birth, (Street and Number)* 1719 Dallas Street.
5. *Full Name of Mother,* Mary Ann Rennert.
6. *Mother's Maiden Name,* Boyle.
7. *Mother's Birthplace,* Washington.
8. *Full Name of Father,* Joseph Edward Rennert.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kraus (for the

Address, Mothers Relief Society (632. N. Fremont Ave.

Remarks,

8460001992

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 26 - 96
4. Place of Birth, (Street and Number) 216 E Hoffman
5. Full Name of Mother, Annie M. Ulmer
6. Mother's Maiden Name, " " Schley
7. Mother's Birthplace, Balto
8. Full Name of Father, Joseph Ulmer
9. Father's Occupation Laborer
10. Father's Birthplace, Pa

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A Tallwell

Address, 1438 N. Bond St

Remarks,

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960001993

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 26/96
4. Place of Birth, (Street and Number) S. E. cor. Lomb. & Ann
5. Full Name of Mother, Kate Dipple
6. Mother's Maiden Name, " Conolly
7. Mother's Birthplace, Balt.
8. Full Name of Father, Martin Dipple
9. Father's Occupation Undertaker
10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return, R. W. Mansfield, M.D.

Address, 129 S. Broadway

Remarks,

8 9 6 0 0 0 1 9 9 4

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 73881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 April 1896
4. Place of Birth, (Street and Number) 103 E. Fayette St
5. Full Name of Mother, Francis Goldman
6. Mother's Maiden Name, Levin
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Goldman
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, D. Silverman

Address, 2 Albemarle St.

Remarks,

8960001995

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, April 26/96
4. Place of Birth, (Street and Number) 1848 Franklin St.
5. Full Name of Mother, Agnes Loretta Byrne
6. Mother's Maiden Name, Mc Guigan
7. Mother's Birthplace, Balto.
8. Full Name of Father, Joseph J Byrne
9. Father's Occupation Shipping Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, H. Christian M.D.

Address, 511 Madison Ave

Remarks,

shall occur without the attendance of a physician or practitioner of midwifery. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 73883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) ~~Female~~ Male

2. Race or Color, (if not of the white race) LAWRENCE LEROY HURLEY

3. Date of Birth, April 26. 96

4. Place of Birth, (Street and Number) 814 E. Washington St.

5. Full Name of Mother, Mrs. Sarah May Richardson Hurley

6. Mother's Maiden Name, Mrs " " Richardson

7. Mother's Birthplace, ~~Hillen Road~~ ~~Baltimore Co.~~ Baltimore Co. Md.

8. Full Name of Father, Lawrence Hurley

9. Father's Occupation Printer

10. Father's Birthplace, ~~Ba~~ Lawrence City Kansas

Name of Medical Attendant, or other person who makes this Return, G. V. Rusk Cert'd

Address, 1000 E. Baltimore St.

Remarks, Natural Delivery

2960001997

Wm. J. C. Dulany Co,. City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, April 26. (2.30. A. M.)
4. Place of Birth, (Street and Number) 2303 Harford Street.
5. Full Name of Mother, Laura Isabella Taylor.
6. Mother's Maiden Name, Ray.
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Thomas Menard Taylor.
9. Father's Occupation Laborer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kraus (for the

Address, Women Relief Society (632 N. Fremont Ave.

Remarks,

8960001998

Wm. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White Race.
3. Date of Birth, April 26/96
4. Place of Birth, (Street and Number) No 1907 Charles St.
5. Full Name of Mother, Kate Hanley
6. Mother's Maiden Name, " Granger.
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Thomas Granger,
9. Father's Occupation Laborer.
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Annie Jones

Address, No 1603 E. Chas St.

Remarks, Yours Respectfully,

1.8960001999

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th b

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6th of april 896
4. *Place of Birth, (Street and Number)* 821 Bakers b.t. Balto
5. *Full Name of Mother,* Rose. anna Weber
6. *Mother's Maiden Name,* Rose. anna Hetrus
7. *Mother's Birthplace,* Lancaster City Pa
8. *Full Name of Father,* Henry Christian Weber.
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Lancaster City Pa

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 6 0 0 0 2 0 0 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73887

GIVEN NAME ADDED 3-23-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Flora Lavina Landorne

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 10th, 1896
4. *Place of Birth, (Street and Number)* Selma Place 306
5. *Full Name of Mother,* Livia Landon
6. *Mother's Maiden Name,* Livia Lidia
7. *Mother's Birthplace,* Thurmont Fredrick County
8. *Full Name of Father,* Robert H. Landon
9. *Father's Occupation* Pipe Fitter
10. *Father's Birthplace,* Philadelphia

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 73888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Florence Louise Spreat

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 10, 1896.
4. Place of Birth, (Street and Number) No. 1212 E. Federal St
5. Full Name of Mother, Edith Spreat
6. Mother's Maiden Name, Edith Turner.
7. Mother's Birthplace, England
8. Full Name of Father, Samuel Spreat
9. Father's Occupation Carpenter
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, R. R. Clewell M.D.

Address, GIVEN NAME ADDED 5-5-54 1711 Hanford ave

Remarks, K-4

8960002002

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 10, 1896.
4. *Place of Birth, (Street and Number)* No. 1413 Harford ave.
5. *Full Name of Mother,* Nora Hoagland.
6. *Mother's Maiden Name,* Nora Barrett
7. *Mother's Birthplace,* Ireland.
8. *Full Name of Father,* John Hoagland
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Geo. A. Elwell M.D.

Address, 1741 Harford ave.

Remarks,

8 7 6 0 0 0 2 0 0 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 14 - 1896
4. Place of Birth, (Street and Number) 1308 N. Bruce St
5. Full Name of Mother, Catherine Largavous
6. Mother's Maiden Name, " " Cahill
7. Mother's Birthplace, Woodstown N. J.
8. Full Name of Father, Peter L. Largavous
9. Father's Occupation Show Business
10. Father's Birthplace, Shreveport La

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8960002004

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73891

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Child

whether male or female) Male

Color, (if not of the white race) White

Birth, 22 St.

Birth, (Street and Number) 1313 Eutaw Place

e of Mother, Maggie Keen

Maiden Name, Adelaide Durante

Birthplace, Baltimore Md

e of Father, Charles L Deans

Occupation Black Smith

Birthplace, Virginia

Medical Attendant, or other person who makes this Return, Edw. Rourke Jr Asst
No 18 W Dover St

8960002005

...rs and Stationers.

RETURN OF A BIRTH. 73892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 22nd
4. *Place of Birth, (Street and Number)* 12½ North Sondon [illegible]
5. *Full Name of Mother,* Alice J Weatherall
6. *Mother's Maiden Name,* Alice J Hart
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas [illegible]
9. *Father's Occupation* Labourer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8760002006

RETURN OF A BIRTH. 73893

he Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

l of Mother, (state whether 1st, 2d, 3d, &c.) Forth Child

te whether male or female) Male

Color, (if not of the white race) White

Birth, Born April 25 1896

Birth, (Street and Number) 106 S Eden St

me of Mother, Louisa Elenora Stoufer

Maiden Name, Louisa Elenora Webber

Birthplace, Baltimore

me of Father, Henry George Stouffer

Occupation Shoemaker

Birthplace, Baltimore

Medical Attendant, or other person who makes this Return, Wm Leahower

c/o 1814 Bond St

8960,002007

nters and Stationers.

RETURN OF A BIRTH. 73894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 26 April
4. *Place of Birth, (Street and Number)* Cookie st.
5. *Full Name of Mother,* Elise Kawarski
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* August Kawarski
9. *Father's Occupation* Labour
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Ralf. W. Jones

Address, 1331 Hillen st. Locust Point

Remarks,

8 9 6 0 0 0 2 0 0 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Birth + 2 miscarriages

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 26. 96.
4. Place of Birth, (Street and Number) 347 Brentalane S.E.
5. Full Name of Mother, Josephine Streiman
6. Mother's Maiden Name, Josephine Buckenmaier
7. Mother's Birthplace, Germany
8. Full Name of Father, Martin Streiman
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Johanna T. Flues M.D.

Address, 1928 1/2 W. Pratt St. City

Remarks,

8960002009

Wm. J. C. Dulany Co., City Printers and Stationers.

Every person who shall neglect or refuse to report the birth of any child, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr 27 1896
4. Place of Birth, (Street and Number) 12 E Pulaski St
5. Full Name of Mother, Mrs Cora Elma Ritter
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto
8. Full Name of Father, Emery G Ritter
9. Father's Occupation Blacksmith
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, E. E. Ellsmith

Address, Lemmon Dy

Remarks,

8 9 6 0 0 0 0 2 0 1 0

The certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	April 27
4. Place of Birth, (Street and Number)	2506 N. North Ave
5. Full Name of Mother,	Blanche Shaw
6. Mother's Maiden Name,	Friedman
7. Mother's Birthplace,	Balto. Md
8. Full Name of Father,	Evan Shaw
9. Father's Occupation	Merchant
10. Father's Birthplace,	Balto. Md
Name of Medical Attendant, or other person who makes this Return,	J. Blum
Address,	621 Johnston Ave
Remarks,	

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH 1/3898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First.
1. *Sex (state whether male or female),*	Female.
2. *Race or Color (if not of the white race),*	White.
3. *Date of Birth,*	April 27th, 1896.
4. *Place of Birth (Street and Number),*	626 N. Bond St.
5. *Full Name of Mother,*	Charlotte E. D. Horst.
6. *Mother's Maiden Name,*	Schmidt.
7. *Mother's Birthplace,*	Baltimore City.
8. *Full Name of Father,*	Conrad Horst.
9. *Father's Occupation,*	Bookkeeper.
10. *Father's Birthplace,*	Baltimore City.
Name of Medical Attendant, or other person who makes this Return.	Eugene Lee Crutchfield, M.D.
Address,	1232 East Preston St.
Remarks,	

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Isaac Publishing Co., City Printers and Stationers.

1896000 3012

RETURN OF A BIRTH. 73899

Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

f Mother, (state whether 1st, 2d, 3d, &c.) Seventh Child.

whether male or female) Male

lor, (if not of the white race) White

Birth, Born April 27

irth, (Street and Number) 2002 Whitelock St.

e of Mother, Hannah M Baker

Maiden Name, Annie M Edwards

irthplace, Baltimore

of Father, Harvey L Baker

ccupation Tyler

irthplace, Allentown Pa

edical Attendant, or other person who makes this Return, Mrs Kate Scothurn
No 1214 Dover St

8960002013

s and Stationers.

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RETURN OF A BIRTH. 73900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* April 27 1926
4. *Place of Birth, (Street and Number)* No. 1416 E. Townsend Street
5. *Full Name of Mother,* Cora L. Jones.
6. *Mother's Maiden Name,* Cora L. Lebar
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* Harry C. Jones
9. *Father's Occupation* Fisherman
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Roy A. Elwell M.D.

Address, 1741 Hanford ave

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8960002014

RETURN OF A BIRTH. 73701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* April 2 1873.
4. *Place of Birth, (Street and Number)* 1712 Montpelier
5. *Full Name of Mother,* Annie Anderson
6. *Mother's Maiden Name,* Annie Draper
7. *Mother's Birthplace,* England
8. *Full Name of Father,* John Edward Anderson
9. *Father's Occupation* Hostler
10. *Father's Birthplace,* Calvert Co.

Name of Medical Attendant, or other person who makes this Return, Sarah Robins

Address, 1610 Vincent Street

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

0960002015

RETURN OF A BIRTH. 73902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 4 / 5 / 96

4. Place of Birth, (Street and Number) colored 3:10 Fleet Ave

5. Full Name of Mother, Matilda Burke

6. Mother's Maiden Name, Signature of Parent if not present

7. Mother's Birthplace, Massachusetts

8. Full Name of Father, Baltimore county

9. Father's Occupation

10. Father's Birthplace, Baltimore city

Name of Medical Attendant, or other person who makes this Return,

Address, Martha King 545 Fleet Ave Canton city

Remarks, 8960002016

shall occur without the attendance of a physician or midwife, or shall be conducted to the office of the Commissioner of Health, or to the office or practice of any physician or midwife, or shall be delivered by the mother, or in case the other person be in attendance upon the mother, immediately after it shall become the duty of such person to report its birth to the Commissioner of Health, in the manner and with the particulars required, and child to report its birth to the who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 27th 1896
4. *Place of Birth, (Street and Number)* #501. W. Barre Street
5. *Full Name of Mother,* Elizabeth Virginia Starke
6. *Mother's Maiden Name,* Neubert
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Christian John Starke
9. *Father's Occupation* Lawyer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Wm Winch

Address, 800 Scarborough Street.

Remarks,

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 27th April 1896
4. *Place of Birth, (Street and Number)* 1518 Boyle St
5. *Full Name of Mother,* Mary Kanzel
6. *Mother's Maiden Name,* Davis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Kanzel
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Agnew

Address, 436 Fort ave

Remarks,

8960002018

Wm. J. C. Dulany Co., City Printers and Stationers.

and occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 27 - 96
4. Place of Birth, (Street and Number) 1513 N. Dallas
5. Full Name of Mother, Mary O. Schaney
6. Mother's Maiden Name, " . Debrida
7. Mother's Birthplace, Balto
8. Full Name of Father, Alexander Schaney
9. Father's Occupation Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1438 N. Bond

Remarks,

8 9 6 0 0 0 2 0 1 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, April 16 96
4. Place of Birth, (Street and Number) No 1522 Hanover St.
5. Full Name of Mother, Mamie Ha Harrison
6. Mother's Maiden Name, Sass
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Robert Harrison
9. Father's Occupation Laborer
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Annie Jones

Address, No 1603 S. Charles St

Remarks, Yours Respectfully

B 9 6 U 0 0 2 0 2 0

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 27 — 1896
4. *Place of Birth, (Street and Number)* 2402 E. Fayette St.
5. *Full Name of Mother,* Annie Barbara Bauer
6. *Mother's Maiden Name,* Schneider
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Didrich Bauer
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8960002021

Wm. J. C. Dulany Co., City Printers and Stationers.

36J

RETURN OF A BIRTH. 73908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* White Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 27th April
4. *Place of Birth, (Street and Number)* No 831 Cross Str
5. *Full Name of Mother,* Julia Loretta Leitrie
6. *Mother's Maiden Name,* Fitzpatrick
7. *Mother's Birthplace,* Norfolk Va.
8. *Full Name of Father,* John Wesley Leitrie
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Cornwallis St. Scotia

Name of Medical Attendant, or other person who makes this Return, Mrs A. M. Bischoff

Address, N. 1137 Carroll Str.

Remarks,

8 4 6 0 0 0 2 0 2 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not~~ of the white race)
3. Date of Birth, April 27th 1896
4. Place of Birth, (Street and Number) 1367 John St
5. Full Name of Mother, Martha L. Crane
6. Mother's Maiden Name, Dennis
7. Mother's Birthplace, New Jersey
8. Full Name of Father, Thos Maulsby Crane
9. Father's Occupation Dentist
10. Father's Birthplace, New Jersey

Name of Medical Attendant, or other person who makes this Return, Elias C. Price M.D.

Address, 1012 Madison Ave

Remarks,

~~Every Certificate shall be written, duly Signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of, midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.~~

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 73910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, The 27 of April 1896

4. Place of Birth, (Street and Number) No 1431 Stanford Ave

5. Full Name of Mother, Sadie Jones

6. Mother's Maiden Name, Sadie Gillespie

7. Mother's Birthplace, Springfield Ohio

8. Full Name of Father, Joseph Jones

9. Father's Occupation Foreman of Flour Warehouse

10. Father's Birthplace, Springfield Ohio

Name of Medical Attendant, or other person who makes this Return, Wm. Ch. Lauer

Address, No 1059 Stanford Ave

Remarks, Bal. Md.

1895

8960002024

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RETURN OF A BIRTH. 73911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, April 28 - 96
4. Place of Birth, (Street and Number) 802 Pennsylvania
5. Full Name of Mother, Sophia Stewart
6. Mother's Maiden Name, " Bush
7. Mother's Birthplace, Balto
8. Full Name of Father, James D. Stewart
9. Father's Occupation Motorman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1438 N. Bond

Remarks,

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 3912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) XII

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 28/96
4. *Place of Birth, (Street and Number)* 15 S. Bway
5. *Full Name of Mother,* Elizzibeth Goodhuss
6. *Mother's Maiden Name,* " Douglass
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Ferdinands Goodhuss
9. *Father's Occupation* Shipping Agent
10. *Father's Birthplace,* Brooklin N. Y.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 1201 S. Sharp St.

Remarks,

8960002026

shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 73913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	April 28th 1896
4. *Place of Birth, (Street and Number)*	1135 Huntingdon Ave
5. *Full Name of Mother,*	Mattie L Jackson
6. *Mother's Maiden Name,*	Mattie L Ambrose
7. *Mother's Birthplace,*	Md.
8. *Full Name of Father,*	Edw. Jackson
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Md.
Name of Medical Attendant, or other person who makes this Return.	Wm. A. Le Heman M.D.
Address,	102 Chestnut Ave
Remarks,	

1896U002027

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FILM SAFETY

shall occur without the attendance of a physician or practioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25 April 1886
4. *Place of Birth, (Street and Number)* 207 Central Ave.
5. *Full Name of Mother,* Becca Abel
6. *Mother's Maiden Name,* Statnic
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Christian Abel
9. *Father's Occupation* Store keeper
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, P. E. Schgerman

Address, 52 Albemarle St

Remarks,

B 4 6 U 0 0 2 0 2 8

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 9-9-5-7

RETURN OF A BIRTH. 78915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Grace Elizabeth Brown 6th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 28 April 1896

4. *Place of Birth, (Street and Number)* 117 William St

5. *Full Name of Mother,* Emma Dora Brown

6. *Mother's Maiden Name,* Emma Dora Ludwig

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* Jasper Robt Brown Jr

9. *Father's Occupation* Can Maker

10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Minnich

Address, 220 Lexington Street.

Remarks,

8960002029

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 April 1896
4. *Place of Birth, (Street and Number)* 912 Chesapeake
5. *Full Name of Mother,* Betty Kraenke
6. *Mother's Maiden Name,* Betty Kaisser
7. *Mother's Birthplace,* Baltimor M D
8. *Full Name of Father,* Fredreck Kraenke
9. *Father's Occupation* Kan Maker
10. *Father's Birthplace,* Baltimor M D

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

8 7 6 0 0 0 2 0 3 0

Wm. J. C. Dulany Co., City Printers and Stationers

said schedule shall be delivered, duly signed, to the physician in charge of the case, or to the person in charge of the birth of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 73917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 28, 1896
4. Place of Birth, (Street and Number) 1927 E. Biddle st
5. Full Name of Mother, Sallie Wayler
6. Mother's Maiden Name, Sallie Kingrose
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Walter Wallace Wayler
9. Father's Occupation Photo Engraving
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wilfred Bruff

Address, W. Baltimore St. 402. Bene Sch

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7/3/18

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 11r
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	28th of April 96
4. *Place of Birth, (Street and Number)*	2031 Christian St.
5. *Full Name of Mother,*	Kathe Schindler
6. *Mother's Maiden Name,*	Kathe Graf
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Frank Schindler
9. *Father's Occupation*	Tayler
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 W Pratt St.
Remarks,	

8 9 6 U 0 0 0 2 0 3 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd "

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 28. 1896
4. Place of Birth, (Street and Number) 410 N. Hoffman St
5. Full Name of Mother, Maria Blake
6. Mother's Maiden Name, Maria Young
7. Mother's Birthplace, Va.
8. Full Name of Father, John Blake
9. Father's Occupation —
10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return, Louise Estoge M.D.

Address, 410 N. Hoffman St.

Remarks, Maternity N. W. C.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 6 0 0 0 0 2 0 3 3

RETURN OF A BIRTH. 73920

GIVEN NAME ADDED 1-22-69

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: ~~Margaret Mary~~ Connell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 28 1869
4. Place of Birth, (Street and Number) 14 Madison St Homestead
5. Full Name of Mother, Mary Connell
6. Mother's Maiden Name, Graham
7. Mother's Birthplace, Md
8. Full Name of Father, James C Connell
9. Father's Occupation Stone Cutter
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return J H Young Westbrook Md

Address, 287 Garrison Avenue

Remarks,

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8466002034

RETURN OF A BIRTH. 73921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 26 1895
4. *Place of Birth, (Street and Number)* Hopkins Mansion Clifton Park
5. *Full Name of Mother,* Ella Richmond
6. *Mother's Maiden Name,* Frankenberger
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Nathan Richmond
9. *Father's Occupation* Gardner
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, J. H. Young M.D. 228

Address, 287 Gorsuch Ave

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH 73922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or ~~female~~) White

2. Race or Color, (if not of the white race)

3. Date of Birth, April 29th 96

4. Place of Birth, (Street and Number) 102 Pleasant St

5. Full Name of Mother, Katie Lamb

6. Mother's Maiden Name, Katie Bennett

7. Mother's Birthplace, Balto City Md

8. Full Name of Father, Richard Lamb

9. Father's Occupation, Patrolman

10. Father's Birthplace, Balto City Md

Name of Medical Attendant, or other Person who makes this Return. C. H. Maguire M.D.

Address, 1729 E Balto St

Remarks,

8960002036

certificate between the first and third day of each and every month to the Commissioner of Health. The said birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) /

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 28th
4. *Place of Birth, (Street and Number)* 622 N Lambert st.
5. *Full Name of Mother,* Katie Kennedy
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person w makes this Retu

Address,

Remarks,

Health. This ... form as ... (or altered) its sex, color, the full name and occupation of its parents, ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960002037

GIVEN NAME ADDED 1-26-55

RETURN OF A BIRTH. 73923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edith J. Anderson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, April 29/96.

4. Place of Birth, (Street and Number) 539 Dolphin St.

5. Full Name of Mother, Jane Anderson

6. Mother's Maiden Name, Fisk

7. Mother's Birthplace, Balto

8. Full Name of Father, Jno. G. Anderson

9. Father's Occupation Car Painter

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, D. H. Christian M.D.

Address, 187 Madison Ave.

Remarks,

shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960002038

RETURN OF A BIRTH. 73924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 20 1896

4. Place of Birth, (Street and Number) 3009 Lowell St.

5. Full Name of Mother, Anna L. Peterson

6. Mother's Maiden Name, Anna Miller

7. Mother's Birthplace, Balto.

8. Full Name of Father, George Peterson

9. Father's Occupation Laborer

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Geo. L. Peterson

Address, 122 Eastern Ave.

Remarks,

8960002039

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 29 — 1896
4. Place of Birth, (Street and Number) 34 S. Caroline St.
5. Full Name of Mother, Sete Schneider
6. Mother's Maiden Name, Marry
7. Mother's Birthplace, Virginie
8. Full Name of Father, Henry Schneider
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant or other person who makes this Return, Mary Stein

Address, 1129 E Fait St.

Remarks,

18960002040

the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male William McKinley 11/12/20 - A.D.S.
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 24 1896
4. Place of Birth, (Street and Number) 1627. S. Charles. St
5. Full Name of Mother, Emma Jane Steveson
6. Mother's Maiden Name, E. J Simms
7. Mother's Birthplace, St. marys. county. md
8. Full Name of Father, Edward Dorsey Steveson
9. Father's Occupation, Sail maker
10. Father's Birthplace, Baltimore. md

Name of Medical Attendant, or other person who makes this Return. Ellennora. A. anderson

Address, 1434 Patapsco. St

Remarks,

0 7 6 0 0 0 2 0 4 1

Wm J. C. Dulany Co., City Printers and Stationers.

...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the city limits to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, April 29/96.
4. Place of Birth, (Street and Number) 627 Carrollton av.
5. Full Name of Mother, Julia D. Glanville.
6. Mother's Maiden Name, Happoldt.
7. Mother's Birthplace, Penna.
8. Full Name of Father, Howard P. Glanville
9. Father's Occupation, Clerk.
10. Father's Birthplace, Balto-City-Md.

Name of Medical Attendant, or other person who makes this Return, R. H. Goldsmith, M.D.

Address, " Harlem av. & Calhoun st.

Remarks,

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

8960002042

RETURN OF A BIRTH. 73928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 29 - 96
4. Place of Birth, (Street and Number) S.W. Cor Bond & Milliman St
5. Full Name of Mother, Bertha Trautler
6. Mother's Maiden Name, Bertha Silverthorn
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Henry Trautler
9. Father's Occupation Saloon Keeper
10. Father's Birthplace, Balto Co.

Name of Medical Attendant, or other person who makes this Return, T. A. Tarath M.D.

Address, 1243 N. Broadway Balto Md

Remarks,

8766002043

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, and every person who shall attend upon the birth of any child, shall, within the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 29 1896
4. *Place of Birth, (Street and Number)* 403 S. Eden St.
5. *Full Name of Mother,* Sara Carr
6. *Mother's Maiden Name,* Gantz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John J. Carr
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1829 E. Pratt St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

B 9 6 0 0 0 2 0 4 4

RETURN OF A BIRTH. 73930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 29th 1896
4. Place of Birth, (Street and Number) 1631 Aisquith St
5. Full Name of Mother, Mary A. Ruppert
6. Mother's Maiden Name, Mary A. Gilroy
7. Mother's Birthplace, Frederick Co. Md.
8. Full Name of Father, John Ruppert
9. Father's Occupation, Hackman
10. Father's Birthplace, Westminster Md.

Name of Medical Attendant, or other person who makes this Return, A. G. Watson

Address, 1301 N. Central Ave

Remarks,

B96U0020045

Wm J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, notice of a physician or practitioner of midwifery, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 20. 96
4. Place of Birth, (Street and Number) 1232 Mt Vernon
5. Full Name of Mother, Catherine Elizabeth Whitzel
6. Mother's Maiden Name, Bender
7. Mother's Birthplace, Balt. City
8. Full Name of Father, Henry Whitzel
9. Father's Occupation, Letter Carrier
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Fred C. Pickel M.D.

Address, 1312 Ashland ave

Remarks,

B 9 6 0 0 0 0 2 0 4 6

Wm J. C. Dulany Co., City Printers and Stationers.

Shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3te
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	30te of April 96
4. *Place of Birth, (Street and Number)*	31. Wilkens St.
5. *Full Name of Mother,*	Kathe Wasmus
6. *Mother's Maiden Name,*	Kathe Kirchner
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Carle Wasmus
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederik Henke Michwitz
Address,	2116 W. Pratt St.
Remarks,	

8460002047

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, April 20. (3.30. P. M.).
4. Place of Birth, (Street and Number) 1125 Durst Alley
5. Full Name of Mother, Lucie Thomas.
6. Mother's Maiden Name, Ireland.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Albert H. Thomas
9. Father's Occupation Laborer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kane (for the

Address, Mother Relief Society 1632 N. Fremont Ave.

Remarks,

8960002048

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

236 | GIVEN NAME ADDED - 1/12/72

RETURN OF A BIRTH. 73934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: HENRY CHARLES KENTNER

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 30/96
4. Place of Birth, (Street and Number) 190 Gough Str.
5. Full Name of Mother, Maggie B. Kentner
6. Mother's Maiden Name, " Fritch
7. Mother's Birthplace, Balto.
8. Full Name of Father, Caspar Kentner
9. Father's Occupation Painter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 200 S. Sharp St.

Remarks,

Filing Date: 1896

Wm. J. C. Dulany Co., City Printers and Stationers.

5960002049

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, April 20
4. Place of Birth, (Street and Number) 602 Scott St
5. Full Name of Mother, Annie Sheckells
6. Mother's Maiden Name, Annie Gorrig
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Williams Sheckells
9. Father's Occupation Butter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Mc Morrigan

Address, 412 Scott St

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1 8 9 6 0 0 0 2 0 5 0

RETURN OF A BIRTH. 73936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30 April 1896
4. Place of Birth, (Street and Number) 812 Cannon St
5. Full Name of Mother, Mary Hisley
6. Mother's Maiden Name, Mary Balfus
7. Mother's Birthplace, Baltimor M.D.
8. Full Name of Father, Joseph Hisley
9. Father's Occupation Planer
10. Father's Birthplace, Baltimor M.D

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

18960002051

Wm. J. C. Dulany Co., City Printers and Stationers

Every midwife, physician or other person who shall attend upon any birth, shall within the first and third day of each and every month to the office of Registrar of Vital Statistics, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, March 30 1906
4. Place of Birth, (Street and Number) 2003 Eastern Ave
5. Full Name of Mother, Elizabeth Best
6. Mother's Maiden Name, Elizabeth Lennon
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Best
9. Father's Occupation Brick-maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. C. Krauss

Address, 124 Eastern Ave.

Remarks,

8960002052

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Edward A Male Smith
2. Race or Color, (if not of the white race) wh
3. Date of Birth, Apr. 30/96
4. Place of Birth, (Street and Number) 2505 Penna. Ave.
5. Full Name of Mother, Mrs Edw. A. Smith
6. Mother's Maiden Name, Julia Tilghman
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Edw. A. Smith
9. Father's Occupation Physician
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, E A Smith M D.

Address, 2505 Penna. Ave.

Remarks, Consultant Dr Wilmer Brinton

Eclampsia, recovery seems assured.

E A Smith M D Father 11-24-97

8460000205 3

Wm. J. C. Dulany Co., City Printers and Stationers

Every birth which shall occur in the City of Baltimore shall be certified, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr 30
4. Place of Birth, (Street and Number) 104 S Gilmor St
5. Full Name of Mother, Mrs Elizabeth McDonald Stood
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto
8. Full Name of Father, Thos A Stood
9. Father's Occupation Painter
10. Father's Birthplace, Tennessee

Name of Medical Attendant, or other person who makes this Return, E. E. Ullrich

Address, Union Sq

Remarks,

1 8 9 6 0 0 0 2 0 5 4

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* April 30 '96
4. *Place of Birth, (Street and Number)* 1629 E. Madison St
5. *Full Name of Mother,* Lena Rabenau
6. *Mother's Maiden Name,* Fleischmann
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Phillip Rabenau
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Milby

Address, 1600 Walbert St

Remarks,

0 7 8 0 0 0 2 0 5 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 30
4. Place of Birth, (Street and Number) 2507 Salem st
5. Full Name of Mother, Mary V. Ballard
6. Mother's Maiden Name, " V " Hulse
7. Mother's Birthplace, Balto Co
8. Full Name of Father, Harry C. Ballard
9. Father's Occupation Machinist
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, L. F Fray M.D.

Address, 2470 Druid Hill

Remarks,

8760002056

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-11-56

RETURN OF A BIRTH. 73942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mildred Melvin Thompson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Wht.
3. Date of Birth, Apr. 30/96
4. Place of Birth, (Street and Number) 6 & 8 Baker st.
5. Full Name of Mother, Mrs Edw. B. Thompson
6. Mother's Maiden Name, —
7. Mother's Birthplace, Bald. Co Md.
8. Full Name of Father, Edw. B. Thompson
9. Father's Occupation Foreman
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.

Address, 250 E Penna. Ave

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8760002057

RETURN OF A BIRTH. 73943

GIVEN NAME ADDED 11-18-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Elsie ~~Elliott~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, April 30, 1896.
4. Place of Birth, (Street and Number) 411 W. 23d St.
5. Full Name of Mother, Elizabeth Jane Elliott.
6. Mother's Maiden Name, Jardine.
7. Mother's Birthplace, Md.
8. Full Name of Father, Louis L. Elliott.
9. Father's Occupation Coppersmith.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8760002058

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, April, 30, 1896.
4. Place of Birth, (Street and Number) 120 E. Hill St.
5. Full Name of Mother, Rachel Goldberg
6. Mother's Maiden Name, Rachel Kaplan
7. Mother's Birthplace, Russia.
8. Full Name of Father, Hessel Goldberg
9. Father's Occupation, Oprator
10. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this Return, Dr. W. Rubinstein

Address, 105 W. Barre St.

Remarks,

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 73945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 a.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, April 30. (12. 30. P. M.)
4. Place of Birth, (Street and Number) 1612. Elizabeth Lane,
5. Full Name of Mother, Mary Anna Schaworenka,
6. Mother's Maiden Name, Tabaushka.
7. Mother's Birthplace, Schwedler - Austria - Hungaria.
8. Full Name of Father, Anton Schaworenka.
9. Father's Occupation Shoemaker
10. Father's Birthplace, Schwedler - Austria - Hungaria.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kaus (for the

Address, Mothers Relief Society) 632. N. Eutaw St.

Remarks,

8 9 6 0 0 0 2 0 6 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth occurring within the limits of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9te
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	30th April 96
4. *Place of Birth, (Street and Number)*	2131 Mc Henry
5. *Full Name of Mother,*	Julia Kaisers Ke
6. *Mother's Maiden Name,*	Julia Mieber
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	John W. Kaisers Ke
9. *Father's Occupation*	Florist
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friederike Beutler Midwife
Address,	216 W Pratt
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

8960002061

RETURN OF A BIRTH. 73947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 20 1896
4. *Place of Birth, (Street and Number)* 1001 Stockton ave
5. *Full Name of Mother,* Johnnie Isenhead
6. *Mother's Maiden Name,* Lewis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father* Augustus Isenhead
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Carroll county

Name of Medical Attendant, or other person who makes this Return,

Address, Martha King 545 Pickard ave Hampden city

Remarks,

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 73948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 10 1896
4. *Place of Birth, (Street and Number)* 820 E. Pratt St
5. *Full Name of Mother,* Rosa Robinowitz
6. *Mother's Maiden Name,* Rosa Baker
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Louis Robinowitz
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finnberg

Address, 27 Lloyd St.

Remarks,

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1705 W. Craig St. April 12th 1896
4. Place of Birth, (Street and Number)
5. Full Name of Mother, Catherine Lappe
6. Mother's Maiden Name, Crean
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles A. Lappe
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, John Seff M.D.

Address, 1011 Hollins Ave

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

0 7 6 0 0 0 2 0 6 4

shall occur without the attendance of a physician or practitioner of midwifery, at the time of the birth of any child attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sunday April the 12
4. Place of Birth, (Street and Number) Wacot St 1371
5. Full Name of Mother Eliza Franklin
6. Mother's Maiden Name, Eliza Warn.
7. Mother's Birthplace, Anrandel County Md.
8. Full Name of Father, Samuel Franklin.
9. Father's Occupation Sailor.
10. Father's Birthplace, Anrandel County Md.

Name of Medical Attendant, or other person who makes this Return,

Address, Samuel Franklin 1371 Wacot St. City.

Remarks, Same E 1562
1617 N Eathan

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 73951

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th

1. Sex, (state whether male or female) naille
2. Race or Color, (if not of the white race) Calerd'd
3. Date of Birth, april the 15
4. Place of Birth, (Street and Number) Baltimore Brant st No 1419
5. Full Name of Mother, Mary Jizzie Bashrat
6. Mother's Maiden Name, Mary Lizzie Tripp
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John W Bashrat
9. Father's Occupation hard Carer
10. Father's Birthplace, ~~non~~ negleria

Name of Medical Attendant, or other person who makes this Return, Sarah E Pell

Address, 1617 N Calhoun St

Remarks,

8960002066

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 17 1896
4. Place of Birth, (Street and Number) 516 S. Bond St
5. Full Name of Mother, Fannie Rotbill
6. Mother's Maiden Name, Fannie Birsh
7. Mother's Birthplace, Russia
8. Full Name of Father, Solomon Birsh
9. Father's Occupation Baker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finsburg

Address, 22 Lloyd St

Remarks,

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73953

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 17th
4. Place of Birth, (Street and Number) 1388 Stocton Street
5. Full Name of Mother, Mrs Denis Hanlon
6. Mother's Maiden Name, Elizabeth Waldron
7. Mother's Birthplace, Ireland
8. Full Name of Father, Denis F Hanlon
9. Father's Occupation Shoemaker
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return, Jas L Dyer

Address, 1617 N Calhoun

Remarks,

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 73954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 19 1896
4. Place of Birth, (Street and Number) 1129 Fonson St
5. Full Name of Mother, Sarah Rosental
6. Mother's Maiden Name, Sarah Temma
7. Mother's Birthplace, Russia
8. Full Name of Father, Alex Rosental
9. Father's Occupation Presser
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Fineberg

Address, 27 Lloyd St

Remarks,

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 73955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th (child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	April 2nd 76
4. *Place of Birth, (Street and Number)*	1536 N. Charles St
5. *Full Name of Mother,*	Lara Bohlman
6. *Mother's Maiden Name,*	Laura Hubert
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John Bohlman
9. *Father's Occupation*	Cigar Maker
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Jno. R. Carlin
Address,	2136 E. 20th St
Remarks,	Hosp Visit

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 3 1896
4. *Place of Birth, (Street and Number)* 1826 E. Chase St
5. *Full Name of Mother,* Blanche Eckhardt
6. *Mother's Maiden Name,* Blanche Tholey
7. *Mother's Birthplace,* Balti
8. *Full Name of Father,* Emil Eckhardt
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Dr R. Caskey

Address, 2126 E. Madison

Remarks, Living Child

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 73957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 23, 1896
4. *Place of Birth, (Street and Number)* 1807 S. Charles St
5. *Full Name of Mother,* Annie Mullin
6. *Mother's Maiden Name,* Annie Byrnes
7. *Mother's Birthplace,* Carroll Co. Md.
8. *Full Name of Father,* Albert Mullin
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Frederick Co. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. R. Lashley

Address, 213 E. Hoffman St

Remarks, Home Full

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Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 73958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 April 1896
4. *Place of Birth, (Street and Number)* 263 N. Exeter St
5. *Full Name of Mother,* Ida Bloomberg
6. *Mother's Maiden Name,* Ida Goldstein
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Myer Bloomberg
9. *Father's Occupation* Pedlar
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Raya Finkelstein

Address, 27 Lloyd St

Remarks,

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960002073

RETURN OF A BIRTH. 73959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 25 1896
4. *Place of Birth, (Street and Number)* 300 N Eden St
5. *Full Name of Mother,* Yettie Lipsman
6. *Mother's Maiden Name,* Yettie Freeman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Moses Lipsman
9. *Father's Occupation* Peddler
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finberg

Address, 27 Lloyd St

Remarks,

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 73960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 April
4. *Place of Birth, (Street and Number)* 1304 E Chase St
5. *Full Name of Mother,* Belle Sherman
6. *Mother's Maiden Name,* Wilson
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* J. A. Sherman
9. *Father's Occupation* Brick Layer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Wm. J. C. Dulany Co,. City Printers and Stationers.

8960002075

Every physician or practioner of midwifery, or other person in attendance upon the birth of any child hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 73961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 28th
4. *Place of Birth, (Street and Number)* 1604 E Monument St
5. *Full Name of Mother,* Sarah E Doust
6. *Mother's Maiden Name,* Sarah E Brown
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry Doust
9. *Father's Occupation* Baker at Carrollton Hotel
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary E Pius

Address, 1630 Ashland ave

Remarks, Healthy Child

Wm. J. C. Dulany Co., City Printers and Stationers.

8760002076

FILM

RETURN OF A BIRTH. 73962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 April
4. Place of Birth, (Street and Number) 1832 Duncan Pl
5. Full Name of Mother, Francis Eder
6. Mother's Maiden Name, " Dash
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Andy Eder
9. Father's Occupation Bridon Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

Wm. J. C. Dulany Co,. City Printers and Stationers.

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Section 8. Any physician or practitioner of midwifery, or other person who shall neglect to report the birth of any child without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Apr 29 16
4. *Place of Birth, (Street and Number)*	6 North Edwin Place
5. *Full Name of Mother,*	Minnie V Brown
6. *Mother's Maiden Name,*	Minnie Seliz
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John V Brown
9. *Father's Occupation*	Flour Inspector
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Geo W Bobbs M.D.
Address,	J H. Hospital
Remarks,	

8960002078

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 29 1896
4. Place of Birth, (Street and Number) 235 S. Edon St
5. Full Name of Mother, Rachael Simonson
6. Mother's Maiden Name, Rachel Visochky
7. Mother's Birthplace, Russia
8. Full Name of Father, Max Simonson
9. Father's Occupation Baker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finkelstein

Address, 27 Lloyd St

Remarks,

8960002079

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 73966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	VI
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Black
3. *Date of Birth,*	April 29 96
4. *Place of Birth, (Street and Number)*	311 Chestnut Street
5. *Full Name of Mother,*	Lydia Peaks
6. *Mother's Maiden Name,*	Lydia Gilliard
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	William Meeks.
9. *Father's Occupation*	Painter
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Dr. G. Dobbin U.S.
Address,	J. H. Hospital.
Remarks,	

8 9 6 0 0 0 2 0 8 0

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 73967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, 30th of April 1896

4. Place of Birth, (Street and Number) Montgomery St 600

5. Full Name of Mother, Martha Davis

6. Mother's Maiden Name, Martha Boom

7. Mother's Birthplace, Houses Court Baltimore

8. Full Name of Father, Virgil Davis

9. Father's Occupation fertilized factory

10. Father's Birthplace, fair Haven Calvert Co. Md

Name of Medical Attendant, or other person who makes this Return, Attilla Brooks

Address, 1182 Warner st

Remarks, Young well

8 9 6 0 0 0 2 0 8 1

shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

In case the birth of any child

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RETURN OF A BIRTH. 73968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) —

3. Date of Birth, 4/30/96

4. Place of Birth, (Street and Number) No. 415 N Patterson park ave

5. Full Name of Mother, Lizzie Knickel

6. Mother's Maiden Name, Schaub

7. Mother's Birthplace, Balti

8. Full Name of Father, G. H Knöchel

9. Father's Occupation Oilcloth

10. Father's Birthplace, Balti

Name of Medical Attendant, or other person who makes this Return, Mrs L. Green

Address, No 1907 E Monument St.

Remarks,

8 9 6 0 0 0 2 0 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

...day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 73969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, 4/30/96.
4. Place of Birth, (Street and Number) No. 1607 Townsend Str
5. Full Name of Mother, Rose Wolfe
6. Mother's Maiden Name, Ludwig
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Wolfe
9. Father's Occupation Cabinet maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L Gross

Address, No. 1907 E Monument Str

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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1896 0002083

RETURN OF A BIRTH 73970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) Colored
3. Date of Birth, April 30th 96
4. Place of Birth, (Street and Number) 1415 Jefferson St.
5. Full Name of Mother, Louisa Johnson
6. Mother's Maiden Name, " Anderson
7. Mother's Birthplace, George Town Kent Co Md.
8. Full Name of Father, Elijah Johnson
9. Father's Occupation, Chain Mortgage & Loan business
10. Father's Birthplace, Frederick Md.

Name of Medical Attendant, or other person who makes this Return. Howard C Silver M.D.

Address, 1427 E. Fayette St.

Remarks,

8 9 6 0 0 0 2 0 8 2

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 73971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 12 1896
4. Place of Birth, (Street and Number) 2312 Fairmount Ave
5. Full Name of Mother, Florence Peterson
6. Mother's Maiden Name, Florence Peterson
7. Mother's Birthplace, Balt
8. Full Name of Father, Illegitimate
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. J P Skinner M D

Address, 14 N Patterson Pk Ave

Remarks,

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8960002085

RETURN OF A BIRTH. 73972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 8 April
4. *Place of Birth, (Street and Number)* 921 N Chester st
5. *Full Name of Mother,* Annie A Haslup
6. *Mother's Maiden Name,* " " Smith
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm C Haslup
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Thos J. Groome

Address, 944 N. Gay st

Remarks,

Shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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8 9 6 0 0 0 2 0 8 6

RETURN OF A BIRTH. 73973

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, April 8th
4. Place of Birth, (Street and Number) 1131 N Harford Ave
5. Full Name of Mother, Octavo Bowen
6. Mother's Maiden Name, " Crane
7. Mother's Birthplace, Balto
8. Full Name of Father, John B Bowen
9. Father's Occupation, Cutter
10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other person who makes this Return, Mrs J. Groome

Address, 944 N. Gay st

Remarks,

8960002087

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RETURN OF A BIRTH. 73974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8 2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	8th April
4. *Place of Birth, (Street and Number)*	1102 N. Wilcox st
5. *Full Name of Mother,*	Kate A Sponsel
6. *Mother's Maiden Name,*	nee Zinck
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	George F. Sponsel
9. *Father's Occupation,*	Tailor
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Thos J. Groome
Address,	944 N Gay st
Remarks,	

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8 7 6 0 0 0 2 0 8 3

RETURN OF A BIRTH. № 73975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Helen Elizabeth Beiswanger

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 9th
4. Place of Birth, (Street and Number) 1651 E Monument st
5. Full Name of Mother, Mary C. Beiswanger
6. Mother's Maiden Name, " (Rennal) Renn
7. Mother's Birthplace, Howard Co Md
8. Full Name of Father, Wm J. Beiswanger
9. Father's Occupation, Lawyer
10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return, Mrs J. Broome

Address, 944 N. Bay st

Remarks,

8960002089

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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92076

RETURN OF A BIRTH. 75976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 25th 1896
4. Place of Birth, (Street and Number) 1807 Dalas st
5. Full Name of Mother, Elizabeth Kobelka
6. Mother's Maiden Name, Elizabeth Tolley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Kobelka
9. Father's Occupation Brickmaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Martha Fiste

Address, 1610 E Lanvale st

Remarks,

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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1896000020900

RETURN OF A BIRTH. 73977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 27th 1896.
4. Place of Birth, (Street and Number) 707 Eutaw st.
5. Full Name of Mother, Matilda M. Deckwar
6. Mother's Maiden Name, " " Kruger
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John C. Deckwar
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline st.

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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8960002091

RETURN OF A BIRTH. 73978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 5 Th 1896
4. Place of Birth, (Street and Number) # 1626 Lancaster St
5. Full Name of Mother, Anna Krieger
6. Mother's Maiden Name, not Know
7. Mother's Birthplace, Germany
8. Full Name of Father, John Krieger
9. Father's Occupation, Brick Layor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Rosa J Shmofska

Address, # 1737 Alice Anna St

Remarks,

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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8 9 6 0 0 0 2 0 9 2

RETURN OF A BIRTH. 73979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

In case the birth of any child occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 27 Th 1896
4. *Place of Birth, (Street and Number)* # 711 S. Bond St
5. *Full Name of Mother,* Agnisyka Kwiatkowska
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Michael Kwiatkowski
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Rosa Ginofska

Address, # 1737 Alice Anna St

Remarks,

Wm J. C. Dulany Co., City Printers and Stationers.

8900002093

RETURN OF A BIRTH. 73980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 10 1896
4. Place of Birth, (Street and Number) 1528 Pennsylvania Ave
5. Full Name of Mother, Amelia Greer
6. Mother's Maiden Name, Amelia Hillegeist
7. Mother's Birthplace, Balto
8. Full Name of Father, William H Green
9. Father's Occupation Saloon Keeper
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Anna Messerschmidt

Address, 559 Bloom St

Remarks,

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

8960002094

GIVEN NAME ADDED, 7-15-32

RETURN OF A BIRTH. 73981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Nellie Ascension Caballero

1. *No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)* First
2. *Sex, (state whether male or female)* Female
3. *Race or Color, (if not of the white race)* White
4. *Date of Birth,* April 13 to 1926
5. *Place of Birth, (Street and Number)* 1320 Argyle Ave
6. *Full Name of Mother,* Venie Caballero
7. *Mother's Maiden Name,* Venie Baker
8. *Mother's Birthplace,* Frederick
9. *Full Name of Father,* Joseph Caballero
10. *Father's Occupation* Cigar Maker
11. *Father's Birthplace,* Cuba

Name of Medical Attendant, or other person who makes this Return, Mrs A Meisenzahl

Address, 537 Bloom St

Remarks,

attendance without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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8960002095

GIVEN NAME ADDED 8-23-54

RETURN OF A ~~BIRTH~~. 73982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Agnes Myrtle

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 18th 1899

4. Place of Birth, (Street and Number) 1311 Presstman St

5. Full Name of Mother, Katie Dodigan

6. Mother's Maiden Name, Katie Brant

7. Mother's Birthplace, Balto

8. Full Name of Father, Charles Dodigan

9. Father's Occupation Painter

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, M D Anna Meisenzahl

Address, 559 Bloom St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

B 1900209

RETURN OF A BIRTH. 73983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 3rd April
4. Place of Birth, (Street and Number) 1634
5. Full Name of Mother, Annie Batcher
6. Mother's Maiden Name, Annie Bracken
7. Mother's Birthplace, Baltimore md.
8. Full Name of Father, George Batcher
9. Father's Occupation
10. Father's Birthplace, Baltimore md

Name of Medical Attendant, or other person who makes this Return, Mrs. A. Bird Nicholas

Address, 1917 E. Eager St.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of the child, if any such has been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4 - 1 - 54)
Hall of Records Commission

RETURN OF A BIRTH. 73983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 2d April
4. Place of Birth, (Street and Number) 1634
5. Full Name of Mother, Annie Batcher
6. Mother's Maiden Name, Annie Bracken
7. Mother's Birthplace, Baltimore md.
8. Full Name of Father, George Batcher
9. Father's Occupation Baltimore md
10. Father's Birthplace, Mrs. J. Reid Victoria

Name of Medical Attendant, or other person who makes this Return,

Address, 1417 E Eager Ste

Remarks,

B 9600002097

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of said child, if any, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Apr 17-96
4. Place of Birth, (Street and Number) 505 Madison st Waverly Annex
5. Full Name of Mother, May Jones
6. Mother's Maiden Name, " McCreary
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Darlington H. Jones.
9. Father's Occupation Cigar maker
10. Father's Birthplace, Harford Co. Md.

Name of Medical Attendant, or other person who makes this Return, R G Rankin M D

Address, 511 Jefferson Ave Waverly

Remarks, Baltimore

A

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1896000020988

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April Eighteen, 1896
4. Place of Birth, (Street and Number) Balto Md 613 George St
5. Full Name of Mother, Annie E. Dority
6. Mother's Maiden Name, Annie E. Smith
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Charles Henry Dority
9. Father's Occupation Clerk Tenthen &
10. Father's Birthplace, Atlon. Ill.

Name of Medical Attendant, or other person who makes this Return, Mrs. W. Isaacs

Address, 913 N. Fulton Ave Balto Md.

Remarks,

The above shall set forth as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960002099

RETURN OF A BIRTH. 73986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 21
4. *Place of Birth, (Street and Number)* Baltimore 1615 Eutaw
5. *Full Name of Mother,* Ellen Hayden
6. *Mother's Maiden Name,* Ellen O Toole
7. *Mother's Birthplace,* New Jersey
8. *Full Name of Father,* David Hayden
9. *Father's Occupation* Stone Cutter
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Martin

Address, 1000 E Hoffman

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

1 8 9 6 0 0 0 0 2 1 0 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, April 2 1896
4. Place of Birth, (Street and Number) 815 E. Fort Ave.
5. Full Name of Mother, Mary L. Ichley
6. Mother's Maiden Name, " " Harrison
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Jacob L. Ichley
9. Father's Occupation Can maker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Robt. C. Johnson M.D.

Address, 1454 Riverside Ave.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

5960002101

RETURN OF A BIRTH. 73988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 25 1896
4. *Place of Birth, (Street and Number)* 543 E. Fort Ave.
5. *Full Name of Mother,* Mary E. Russ
6. *Mother's Maiden Name,* " E. Kilmon
7. *Mother's Birthplace,* Talbot Co. Md.
8. *Full Name of Father,* Hinfield Russ
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Balto. Co. Md.

Name of Medical Attendant, or other person who makes this Return, Dr. C. A. Schleich M.D.

Address, 1457 Riverside Ave.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

0960002102

Every birth which occurs in this city shall be registered as the same can be ascertained; the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

336.]

RETURN OF A BIRTH. 73989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, April 26 1896
4. Place of Birth, (Street and Number) #651 Bradley
5. Full Name of Mother, Lucy Tillman
6. Mother's Maiden Name, Williams
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, James Tillman
9. Father's Occupation Coachman
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mamie Kennedy, Nurse (Visiting)

Address, #528 George St.

Remarks,

1896 0002107

Wm. J. C. Dulany Co,. City Printers and Stationers.

Births, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First —

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Apr. 22d 1896.

4. Place of Birth, (Street and Number) 572 Walnut St.

5. Full Name of Mother, M. Eliza Gould —

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Joseph Gray.

9. Father's Occupation Confectioner

10. Father's Birthplace, Howard County.

Name of Medical Attendant, or other person who makes this Return, O. C. Simpkins M.D.

Address, Md Gen'l Hospital

Remarks,

1 8 9 6 0 0 0 2 1 0 4

Wm. J. C. Dulany Co., City Printers and Stationers

Section 1. Be it ordained by the Mayor and City Council of Baltimore, That from and after the passage of this ordinance it shall be the duty of the attending physician, midwife, or other person in attendance upon the mother, at the birth of each child, to make a return to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, of the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	3rd April 1896
4. *Place of Birth, (Street and Number)*	236 Richmond St
5. *Full Name of Mother,*	Mary Marina
6. *Mother's Maiden Name,*	Mary Alfafana
7. *Mother's Birthplace,*	Italy
8. *Full Name of Father,*	Carmen Marina
9. *Father's Occupation*	Fruiteller
10. *Father's Birthplace,*	Italy
Name of Medical Attendant, or other person who makes this Return,	Frederick. Md
Address,	Md General Hosp.
Remarks,	

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960002105

GIVEN NAME ADDED 2-6-64

RETURN OF A BIRTH A 73992 1/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Marion Virginia Peterson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth April 23/96.
4. Place of Birth, (Street and Number) 320 S Stricker St Baltimore Md
5. Full Name of Mother, Mary A Peterson
6. Mother's Maiden Name, Mary A Taylor
7. Mother's Birthplace, Excel co Va
8. Full Name of Father, Edw Jr Peterson
9. Father's Occupation, Ships Master
10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Poppleton Street.

Remarks,

Health. This column shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1 8 6 2 0 0 0 2 1 0 6

RETURN OF A BIRTH 73993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Apr. 5th 1896

4. Place of Birth, (Street and Number) 25-17 W. North ave. City

5. Full Name of Mother, Mary Burke

6. Mother's Maiden Name, Mary Schoenig

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Dominic Burke

9. Father's Occupation, Sculptor

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. A. Elser

Address, 11. North Ave and North St.

Remarks, 8960002101

This schedule shall contain a list of the births which have occurred under his or her charge during the month, and shall set forth as full name and date and place of birth of each child, if any stand and the same as the only sufficient. It shall be the duty of the Health, of the period of gestation, the full name and occupation of the parents, and the

RETURN OF A BIRTH. 73994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	April 6th 1896
4. *Place of Birth, (Street and Number)*	1702 Morton Alley
5. *Full Name of Mother,*	Anna Williams
6. *Mother's Maiden Name,*	Anna Miller
7. *Mother's Birthplace,*	Virginia
8. *Full Name of Father,*	unknown
9. *Father's Occupation*	unknown
10. *Father's Birthplace,*	unknown
Name of Medical Attendant, or other person who makes this Return,	D W Keown a.b. m.d
Address,	Mt Sinai Hospital.
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1896000210 8

RETURN OF A BIRTH. 73995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* April 8th 1895
4. *Place of Birth, (Street and Number)* 415 Calvin Ple
5. *Full Name of Mother,* Ida Powley
6. *Mother's Maiden Name,* Killen
7. *Mother's Birthplace,* Delaware
8. *Full Name of Father,* James Powley
9. *Father's Occupation* Meat Packer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, M. R. Bellinger M.D.

Address, 1206 E. Baltimore St

Remarks,

1896 0002109

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 73996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, April 9th '96

4. Place of Birth, (Street and Number) 1604 E. Chester

5. Full Name of Mother, Mary Ann Moriarty

6. Mother's Maiden Name, Mary Ann Condor

7. Mother's Birthplace, Maryland

8. Full Name of Father, James Moriarty

9. Father's Occupation Policeman

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. J. F. Martenet M.D.

Address, 1701 Caroline St. Balto Md

Remarks,

A

1896 0002110

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule must contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Eighth (8th)
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White A
3. *Date of Birth,*	APR 10 1896
4. *Place of Birth, (Street and Number)*	833 N. Washington St
5. *Full Name of Mother,*	Anna T. Boilcoy
6. *Mother's Maiden Name,*	Coleman
7. *Mother's Birthplace,*	Balto. City
8. *Full Name of Father,*	Samuel R. Boilcoy
9. *Father's Occupation*	Lineman
10. *Father's Birthplace,*	Balto. City
Name of Medical Attendant, or other person who makes this Return	Dr. S. W. Soldner,
Address,	S. E. Cor. Eager & Caroline Sts.
Remarks,	

8960002111

Wm. J. C. Dulany Co., City Printers and Stationers.

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 73998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3rd)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colrd
3. Date of Birth, APR 11 1896
4. Place of Birth, (Street and Number) 1737 N. Broadway
5. Full Name of Mother, Julia L. Stern
6. Mother's Maiden Name, Wetzlinger
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Leopold Stern
9. Father's Occupation Merchant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. S. W. Soldner,

Address, S. E. Cor. Eager & Caroline Sts.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1896 00002112

GIVEN NAME ADDED 5-13-55

RETURN OF A BIRTH. 73999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colrd
3. Date of Birth, APR 12 1896
4. Place of Birth, (Street and Number) 1647 N Bond St
5. Full Name of Mother, Emma J. Wicks
6. Mother's Maiden Name, Jones
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Harry O. Wicks
9. Father's Occupation Conductor
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, Dr. S. W. Seidner,

Address, cor. Eager & Caroline Sts.

Remarks,

0 9 6 0 0 0 2 1 1 3

Wm. C. Dulany Co., City Printers and Stationers

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 12 96
4. *Place of Birth, (Street and Number)* 2235 E Biddle St Balto
5. *Full Name of Mother,* Weinkauf
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Andrew Weinkauf
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, J F Martenet MD,

Address, 1701 Caroline St Balto. Md

Remarks,

8960002114

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	—
3. *Date of Birth,*	April 12th 1896
4. *Place of Birth, (Street and Number)*	213 W Franklin St
5. *Full Name of Mother,*	Gertrude E. Sheldon
6. *Mother's Maiden Name,*	Gertrude E. Bushnell
7. *Mother's Birthplace,*	New York
8. *Full Name of Father,*	C. D. Sheldon
9. *Father's Occupation*	Hatter
10. *Father's Birthplace,*	New York
Name of Medical Attendant, or other person who makes this Return,	F. W. Kerr M.D.
Address,	Maryland General Hospital
Remarks,	

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1896000211 5

GIVEN NAME ADDED 2-21-58

RETURN OF A BIRTH. 74002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rachel Virginia Johnson 8rd — (Previous over turns)

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Apr. 12th. 1896
4. Place of Birth, (Street and Number) 643 Riddle Ave
5. Full Name of Mother, Laura Virginia Johnson
6. Mother's Maiden Name, " " Cole
7. Mother's Birthplace, Carroll Co. Md - (West Minister)
8. Full Name of Father, Julius Augustus Johnson
9. Father's Occupation Waiter
10. Father's Birthplace, Norfolk. Va.

Name of Medical Attendant, or other person who makes this Return, O. O. Lumpkin M.D.

Address, 2nd Street Hospital

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

8960002116

RETURN OF A BIRTH. 74003

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second (2nd)
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	APR 15 1896
4. *Place of Birth, (Street and Number)*	1057 Harford Ave
5. *Full Name of Mother,*	Catherine Hoffman Traeg
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Balto. City
8. *Full Name of Father,*	Conrad H. Hoffman
9. *Father's Occupation*	Produce Dealer
10. *Father's Birthplace,*	Balto. City
Name of Medical Attendant, or other person who makes this Return,	Dr. S. W. Feldner,
Address,	cor. Eager & Caroline Sts.
Remarks,	

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D

Wm. C. Dulany Co., City Printers and Stationers.

8 9 8 0 0 0 2 1 1 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-8-52

RETURN OF A BIRTH. 74004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lillian Marie ~~Cashmyer~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	Colored
3. Date of Birth,	APR 17 1896
4. Place of Birth, (Street and Number)	508 N. Washington St
5. Full Name of Mother,	Catherine J. Cashmyer
6. Mother's Maiden Name,	Codori
7. Mother's Birthplace,	Gettysburg Pa
8. Full Name of Father,	Edward J. Cashmyer
9. Father's Occupation	Clerk
10. Father's Birthplace,	Balto County
Name of Medical Attendant, or other person who makes this Return,	Dr. S. W. Soldner,
Address,	S. E. Cor. Eager & Caroline Sts.
Remarks,	

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 74005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, APR 18 1896

4. Place of Birth, (Street and Number) 219 E Biddle St

5. Full Name of Mother, Minnie E. Gaughorn

6. Mother's Maiden Name, Barbaye

7. Mother's Birthplace, Balto. City

8. Full Name of Father, Michael W. Gaughorn

9. Father's Occupation Proprietor Hotel

10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return Dr. S. W. Soldner,

Address, S. E. Cor. Eager & Caroline Sts.

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1 8 9 6 0 0 0 2 1 1 9

RETURN OF A BIRTH 74006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 April 1896
4. Place of Birth, (Street and Number) 30 E 21st.
5. Full Name of Mother, Kellye Bayley
6. Mother's Maiden Name, Kellye B. Fulton
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, R. Bayley
9. Father's Occupation, Physician
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Naughton Bayley M.D.

Address, 2016 E 21st

Remarks,

A.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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1896 00021 20

RETURN OF A BIRTH. 7407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

APR 23 1896

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Seventh
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	
4. *Place of Birth, (Street and Number)*	615 N. Castle St
5. *Full Name of Mother,*	Kunigunda Kirchner
6. *Mother's Maiden Name,*	Loffler
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Michael Kirchner
9. *Father's Occupation*	Cabinet maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Dr. S. W. Seidner,
Address,	S. E. Cor. Eager & Caroline Sts.
Remarks,	

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1896000021 21

RETURN OF A BIRTH. 74008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colute
3. Date of Birth, APR 24 1896
4. Place of Birth, (Street and Number) 909 E. Central Ave
5. Full Name of Mother, Sarah Medford
6. Mother's Maiden Name, Medford
7. Mother's Birthplace, Annapolis Md
8. Full Name of Father, Alonzo. W. Medford
9. Father's Occupation Fish & Crab Dealer
10. Father's Birthplace, Annapolis Md

Name of Medical Attendant, or other person who makes this Return, Dr. S. W. Soldner,

Address, S. E. Cor. Eager & Caroline Sts.

Remarks,

Wm. C. Dulany Co., City Printers and Stationers.

1896000021122

RETURN OF A BIRTH. 74009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy 4
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 27 1896
4. *Place of Birth, (Street and Number)* Thames at 1733
5. *Full Name of Mother,* Julez Kousn
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemien
8. *Full Name of Father,* Benedy Kousn
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Bohemien

Name of Medical Attendant, or other person who makes this Return, Mary Kaptur

Address, N Washington st 205

Remarks,

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1896000123

RETURN OF A BIRTH. 74010

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

A.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* April 27 1896
4. *Place of Birth (Street and Number)* 2410 Druid Hill Ave
5. *Full Name of Mother* Annie Jessup
6. *Mother's Maiden Name* Annie Jarrett
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* James H Jessup
9. *Father's Occupation* Carpenter
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this Return. John C. Harris M.D.

Address 773 W. Lexington St.

Remarks

1896000212 4

RETURN OF A BIRTH. 74011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 April 1876
4. Place of Birth, (Street and Number) Baltimore Grindal st 14 18
5. Full Name of Mother, Katie Crown
6. Mother's Maiden Name, Katie Conely
7. Mother's Birthplace, Baltimore Md. U.S.
8. Full Name of Father, John J. Crown.
9. Father's Occupation Fireman.
10. Father's Birthplace, Baltimore Md U.S.

Name of Medical Attendant, or other person who makes this Return, Mrs Ann Taylor.

Address, 141 Guilford Ave

Remarks,

Every birth which shall occur in Baltimore City shall be registered, and the name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1896 0002125

RETURN OF A BIRTH. 74012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 29th 1896
4. Place of Birth, (Street and Number) 110 S. Carlton St.
5. Full Name of Mother, Mary A. Hurley
6. Mother's Maiden Name, " " Donavin
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father James Hurley
9. Father's Occupation Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Joseph O. Dennis

Address, 1075 W. Fayette St.

Remarks, Forceps (Right) case L. O. D. S.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1896 0002126

RETURN OF A BIRTH. 74013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 29 1896.
4. Place of Birth, (Street and Number) 908 W. Fayette St.
5. Full Name of Mother, Eva A. Diven
6. Mother's Maiden Name, " " Hilleu
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John H. Diven
9. Father's Occupation, Brick Layer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Joseph F. Saunders

Address, 1095 W. Fayette St.

Remarks, L. O. J. A. Forceps case (high)

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1896 00021 27

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 74014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 29 1896
4. Place of Birth, (Street and Number) Jefferson st 2031
5. Full Name of Mother, Mrs Rose
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Rose
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Martin

Address, 1 Washington st 205

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

1896000212 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 74015

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, October 30th 1896
4. Place of Birth, (Street and Number) Cor. Pulaski & Walbrook Ave.
5. Full Name of Mother, Mary Welker
6. Mother's Maiden Name, Mary Meind
7. Mother's Birthplace, Germany
8. Full Name of Father, Frederick Welker
9. Father's Occupation, Barber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. J. Zepp M. D.

Address, N. Gilmor & North Ave and 9th Ct

Remarks,

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8760002126

RETURN OF A BIRTH. 74016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 30th. 96
4. Place of Birth, (Street and Number) 2122 Calverton Road
5. Full Name of Mother, Katherine Koch
6. Mother's Maiden Name, " " Stiegler
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Koch
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm Gombel M.D.

Address, 837 W. Fayette St

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health; in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

1896000074016

RETURN OF A BIRTH. 74017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 30th
4. Place of Birth, (Street and Number) 2210 E Biddle St.
5. Full Name of Mother, Emma Leigh
6. Mother's Maiden Name, Beckwith
7. Mother's Birthplace, Balto
8. Full Name of Father, Fred. E. Leigh
9. Father's Occupation, Express Messenger
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm Goodall M.D.

Address, 837 W. Fayette St

Remarks,

A

The Physician, Midwife or other person in attendance upon any birth shall, within ten days after such birth, report to the Commissioner of Health the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

8960002131

RETURN OF A BIRTH. 74018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, APR 30 1896

4. Place of Birth, (Street and Number) 1725 Ashland Ave

5. Full Name of Mother, Wilhelmina Hilbinger

6. Mother's Maiden Name, Vogelsang

7. Mother's Birthplace, Germany

8. Full Name of Father, George Hilbinger

9. Father's Occupation Saloon-keeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Dr. S. W. Soldner,

Address, S. E. Cor. Eager & Caroline Sts.

Remarks,

A.

8960002132

Wm. J. C. Dulany Co., City Printers and Stationers.

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 74019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	30 April 1896
4. *Place of Birth, (Street and Number)*	2008 Hunters al
5. *Full Name of Mother,*	Vicky
6. *Mother's Maiden Name,*	Williams
7. *Mother's Birthplace,*	Va.
8. *Full Name of Father,*	John Wilie
9. *Father's Occupation,*	Laborer
10. *Father's Birthplace,*	Va
Name of Medical Attendant, or other person who makes this Return,	Haughton Bayley
Address,	2016 21st
Remarks,	

A.

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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8960002133

RETURN OF A BIRTH.

74020

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

A.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 4th. 1896.
4. Place of Birth, (Street and Number) 7 West Fort Ave.
5. Full Name of Mother, Carrie Belz
6. Mother's Maiden Name, Carrie Seebode
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Charles H. Belz
9. Father's Occupation Bacon Dealer.
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Wilmer Brinton

Address, S. W. Cor. Calvert & Preston Sts,

Remarks,

1896000021341

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shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child, Joshua Levering Fisriel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th.

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 29th, 1896.
4. Place of Birth, (Street and Number) 1135 Valley St.
5. Full Name of Mother, Martha Gisriel
6. Mother's Maiden Name, Martha Cornelius
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Wm. Gisriel
9. Father's Occupation Moulder
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton, M.D.

Address, S. W. Cor. Calvert & Preston Sts.

Remarks,

8960002135

Wm. J. C. Dulany Co., City Printers and Stationers.

Every child born within the limits of Baltimore City, whether white or colored, shall be registered as soon as it has been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to coupply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 74022

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, April 7th 1896
4. Place of Birth, (Street and Number) 942 Chapel Street
5. Full Name of Mother, Carrie D. Gaitaner
6. Mother's Maiden Name, Young
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Samuel R. Gaitaner
9. Father's Occupation, Grave Digger
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this Return. Maria Grosch

Address, 1928 E. Oliver street.

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

8960002136

If any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74023

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, April 12th 1896
4. Place of Birth, (Street and Number) 1705 W. Lexington St.
5. Full Name of Mother, Katie Lappe
6. Mother's Maiden Name, ~~Schaefer~~ Kapf Cream
7. Mother's Birthplace, Baltimore
8. Full Name of Father, A. Charles Lappe
9. Father's Occupation Clerk
10. Father's Birthplace, Bavaria.

Name of Medical Attendant, or other person who makes this Return, John A. Duff M.D.

Address, 701 N. Carrollton Ave

Remarks,

8 7 6 D 0 0 2 1 3 7

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1330

RETURN OF A BIRTH. 74024

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third child.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Apr. 26, 1896.

4. Place of Birth, (Street and Number) 1929 Eutaw Place

5. Full Name of Mother, Ida Newburger Gutman

6. Mother's Maiden Name, Ida Newburger

7. Mother's Birthplace, Philadelphia

8. Full Name of Father, Louis K. Gutman

9. Father's Occupation Merchant

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return, Howard A. Kelly.

Address, 1406 Eutaw Place.

Remarks,

S 7 6 0 0 0 2 1 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74025

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female -
2. *Race or Color, (if not of the white race)* White -
3. *Date of Birth,* April 25th 1896
4. *Place of Birth, (Street and Number)* 228 Barclay St
5. *Full Name of Mother,* Kate McGreevy -
6. *Mother's Maiden Name,* Ryan
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Thomas J. McGreevy -
9. *Father's Occupation* Motorman
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return, Dr. J. B. Earl

Address, 516 N. Gilmor

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1896000021 39

RETURN OF A BIRTH. 74027

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)	First
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 1st 1896
4. Place of Birth, (Street and Number)	1127 N. Central Ave
5. Full Name of Mother,	Lula B. Gibson
6. Mother's Maiden Name,	Lula B. Carter
7. Mother's Birthplace,	Virginia
8. Full Name of Father,	Charles T. Gibson Jr.
9. Father's Occupation,	Clerk in B. R. R.
10. Father's Birthplace,	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return,	A. G. Watson
Address,	1301 N. Central Ave.
Remarks,	

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74028

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether ~~1st, 2d,~~ 3d, &c.)

1. Sex (~~state whether Male or Female~~)

2. Race or Color (if not of the white race) White

3. Date of Birth May 1st 1896

4. Place of Birth (Street and Number) 1832 S Charles st

5. Full Name of Mother Clara Mewshaw

6. Mother's Maiden Name Clara White

7. Mother's Birthplace Howard County Md

8. Full Name of Father Joseph Mewshaw

9. Father's Occupation Coal Dealer

10. Father's Birthplace Ann Arundel Co. Md

Name of Medical Attendant, or other Person who makes this Return. A. A White M.D.

Address 1505 St Lexington st

Remarks

1896000021411

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 14029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one May Two Second

1. Sex, (state whether male or female) Child girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Bornd May the 1 1896
4. Place of Birth, (Street and Number) Pierce St 252
5. Full Name of Mother, Hattie Harris
6. Mother's Maiden Name, Hattie Barnes
7. Mother's Birthplace, Born in St Marys Co Md
8. Full Name of Father, John R Harris
9. Father's Occupation. Labourer work Round wharf
10. Father's Birthplace, Bornd in Virginia via Pattapsco 252 60

Name of Medical Attendant, or other person who makes this Return, Mrs F. Myers

Address, No. 722 Bradley St City

Remarks,

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

B96000021

RETURN OF A BIRTH. 74030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3.
1. *Sex, (state whether male or female)*	Girl.
2. *Race or Color, (if not of the white race)*	white.
3. *Date of Birth,*	1. May.
4. *Place of Birth, (Street and Number)*	N. 111. Broadway the Street.
5. *Full Name of Mother,*	Anna Robinson.
6. *Mother's Maiden Name,*	Anna Schuster.
7. *Mother's Birthplace,*	Germany.
8. *Full Name of Father,*	Edwin Robinson.
9. *Father's Occupation*	Laborman.
10. *Father's Birthplace,*	England.
Name of Medical Attendant, or other person who makes this Return,	Mary Kloss.
Address,	N. 9. N. Wolfe Street.
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

8960002143

RETURN OF A BIRTH 74031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. *Sex, (State whether male or female)*	Female.
2. *Race or color, (if not of the white race)*	White.
3. *Date of Birth,*	May 1st 1896.
4. *Place of Birth, (Street and Number)*	1115 N. Gilmor St.
5. *Full Name of Mother,*	Maggie Blanche Bristow
6. *Mother's Maiden Name,*	" " Lewis
7. *Mother's Birthplace,*	Gloucester Co. Va.
8. *Full Name of Father,*	Raymond Jones Bristow
9. *Father's Occupation,*	Captain on Bay Craft
10. *Father's Birthplace,*	Gloucester Co. Va
Name of Medical Attendant, or other person who makes this Return,	D W Cathell M D
Address,	1308 N Charles St.
Remarks,	

8960002144

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

Every birth occurring after the first day of January, 1875, shall be reported to the Commissioner of Health, in the manner and within the period above required, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 2nd 1896
4. Place of Birth, (Street and Number) 1201. Hanover. St
5. Full Name of Mother, Anna Kate Jackson
6. Mother's Maiden Name, Anna. K. Weller
7. Mother's Birthplace, Baltimore, md
8. Full Name of Father, George. A. Jackson
9. Father's Occupation, Machinic
10. Father's Birthplace, Baltimore, md

Name of Medical Attendant, or other person who makes this Return. Ellamora. E. anderson

Address, 1434 Patapsco. St

Remarks,

8960002145

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 7-7-54

RETURN OF A BIRTH. 74033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Naomi Spillman Pontier

3rd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) —

3. Date of Birth, ~~April 2~~ May 2, 96

4. Place of Birth, (Street and Number) 814 N. Amity St.

5. Full Name of Mother, Mrs. Laura Spillman Pontier

6. Mother's Maiden Name, Wife " " Cooper

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Jeackle Wallis Pontier

9. Father's Occupation Clerk

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, G. G. Rusk M. D.

Address, 2009 E. Baltimore

Remarks, Natural delivery

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8900002146

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 14034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 2nd 1896

4. Place of Birth, (Street and Number) 27 E Pratt Ave.

5. Full Name of Mother, Rebecca Gentiledonne

6. Mother's Maiden Name, Rebecca Tocconi

7. Mother's Birthplace, Italy

8. Full Name of Father, Christopher Gentiledonne

9. Father's Occupation Contractor

10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. Wm. L. Sampson

Address, 122 E Pratt St.

Remarks,

8960002147

Wm. J. C. Dulany Co., City Printers and Stationers

Every child born in the City of Baltimore shall be registered as soon as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3 Th.
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	Aug 2, 1926
4. *Place of Birth, (Street and Number)*	917 Hanover Alley
5. *Full Name of Mother,*	Barbara Dietrich
6. *Mother's Maiden Name,*	Barbara Hamberger
7. *Mother's Birthplace,*	Balto,
8. *Full Name of Father,*	Frank Dietrich
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Peter L. Lorenzini
Address,	926 Easton St.
Remarks,	

8960002148

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 2nd 1896
4. *Place of Birth, (Street and Number)* 212 Myrtle Ave
5. *Full Name of Mother,* Victoria Bowser
6. *Mother's Maiden Name,* Thomas
7. *Mother's Birthplace,* Balto City.
8. *Full Name of Father,* James Edward Bowser
9. *Father's Occupation,* Preacher
10. *Father's Birthplace,* Kent Co. Md.

Name of Medical Attendant, or other person who makes this Return. Jane, D. Butler.

Address, 208 Myrtle Ave.

Remarks, Mother & Child doing well.

8900002149

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 74037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First —

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Saturday May 2nd 96 (8.50 Am

4. Place of Birth, (Street and Number) 1218 Fountain St

5. Full Name of Mother, Annie P. Ford

6. Mother's Maiden Name, Annie P. Eastis

7. Mother's Birthplace, Prince Georges Co Md

8. Full Name of Father, Wm. J. Ford

9. Father's Occupation Waiter —

10. Father's Birthplace, Butc. County Md Colored Md

Name of Medical Attendant, or other person who makes this Return. Wm. H. Faulkner M.D.

Address, Balto

Remarks, Md

8 7 0 0 0 0 2 1 5 0

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second,

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White,
3. Date of Birth, May 3rd 1896.
4. Place of Birth, (Street and Number) 502 S. Gilmor St.
5. Full Name of Mother, Rosa Offelman,
6. Mother's Maiden Name, Cabbe,
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Wm Offelman,
9. Father's Occupation Laborer
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Wm Bodenhorn M.D.

Address, 914 W. Fayette St.

Remarks,

0 7 6 0 0 0 2 1 5 1

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236

RETURN OF A BIRTH. 74039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	IV
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	May 1st 1896
4. Place of Birth, (Street and Number)	1714 Alice Anna Street
5. Full Name of Mother,	Sophie Kaczmarowski
6. Mother's Maiden Name,	Sophie Pawlefski
7. Mother's Birthplace,	Poland
8. Full Name of Father,	Stanislaw Kaczmarowski
9. Father's Occupation	Laborer
10. Father's Birthplace,	Poland
Name of Medical Attendant, or other person who makes this Return	Agnes Dobbin M.D.
Address,	St Joseph's Hospital
Remarks,	

8966002152

Wm. J. C. Dulany Co., City Printers and Stationers.

As the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M 1336]

RETURN OF A BIRTH. 74040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, 5/2/96

4. Place of Birth, (Street and Number) M. 108 Collington ave

5. Full Name of Mother, Mary Sinclair

6. Mother's Maiden Name, Roth

7. Mother's Birthplace, Balti

8. Full Name of Father, Phillips Sinclair

9. Father's Occupation Coal dealer

10. Father's Birthplace, Balti

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross.

Address, M. 1907 E Monument st

Remarks,

0 9 6 0 0 0 2 1 5 3

Wm. J. C. Dulany Co., City Printers and Stationers.

The ... of the births which have occurred under his or her care during the ... month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Light brown skin
3. Date of Birth, May June the 23 1896
4. Place of Birth, (Street and Number) 903 E Lan. [illegible] Place
5. Full Name of Mother, Carry Mason
6. Mother's Maiden Name, Carry Hawkens
7. Mother's Birthplace, City of Baltimore
8. Full Name of Father, [redacted] Thomas Mason
9. Father's Occupation Porter
10. Father's Birthplace, City of Baltimore

Name of Medical Attendant, or other person who makes this Return, Lydia Somerville

Address, 616 Clinton ave

Remarks, Fulfrance of child Howard E. Mason

6760002154

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 3rd 1896
4. Place of Birth, (Street and Number) 1709 Orleans st
5. Full Name of Mother, Mary A. C. Collins
6. Mother's Maiden Name, Mary C. Hamilton
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Joseph Collins
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Cordelia Howard

Address, #1013 N. Chapel st

Remarks,

8960002155

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 74043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third childe

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) White
3. Date of Birth, May 3rd
4. Place of Birth, (Street and Number) chestnut ave 145
5. Full Name of Mother, florance v frank
6. Mother's Maiden Name, florence v ginneman
7. Mother's Birthplace, Baltimore conty Md
8. Full Name of Father, Willam W frank
9. Father's Occupation, Arab
10. Father's Birthplace, Baltimore conty

Name of Medical Attendant, or other person who makes this Return. Elizabeth ginneman

Address, Hamsden

Remarks,

8960002156

J. D. BULANY & CO., CITY PRINTERS AND STATIONERS.

The full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 3d 1896
4. Place of Birth, (Street and Number) 251. E. Hamburg. St
5. Full Name of Mother, Molley. B. Hazard
6. Mother's Maiden Name, Molley. B. Perkins
7. Mother's Birthplace, Richmond. Va
8. Full Name of Father, John. D. Hazard
9. Father's Occupation, glass Flatner
10. Father's Birthplace, Annarundel. county. md

Name of Medical Attendant, or other person who makes this Return, Ellenora. A. anderson

Address, 1434. Patapsco. St

Remarks,

8960002157

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

236

RETURN OF A BIRTH. 74045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	2 Mar 1896
4. *Place of Birth, (Street and Number)*	232 Parkin St
5. *Full Name of Mother,*	Myra Feldman
6. *Mother's Maiden Name,*	Falkowski
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Nicholas Feldman
9. *Father's Occupation*	Peddler Rags
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return.	E. Schwan
Address,	42 Albemarle St
Remarks,	

8 9 6 0 0 0 2 1 5 8

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74046

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1

1. Sex, (state whether male ~~or female~~) male
2. Race or Color, (~~if not of the white race~~) colored
3. Date of Birth, May 3 - 1896 at 10 oclock P.m.
4. Place of Birth, (Street and Number) 1303 Jefferson street
5. Full Name of Mother, Luevena Johnson
6. Mother's Maiden Name, Sandlan
7. Mother's Birthplace, Norfolk County Va
8. Full Name of Father, Chas. Henry Johnson
9. Father's Occupation, copper and paints works
10. Father's Birthplace, Washington D. C.

Name of Medical Attendant, or other person who makes this Return. Josephine Cooper

Address, 921 Shuter street

Remarks, Mother and child are well

Baltimore City

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

0 9 8 0 0 0 2 1 5 9

The said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Frist
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 3 1896
4. *Place of Birth, (Street and Number)*	1004 Patuxent st
5. *Full Name of Mother,*	Mary Bellman Long
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Fredrick Bellman
9. *Father's Occupation*	Teamster
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return.	Sarah P Harrington
Address,	924 Penny st Balto Md
Remarks,	

Wm. J. C. Dulany Co., City Printers and Stationers.

6960002160

RETURN OF A BIRTH. 74048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 Child
1. Sex, (state whether male or female)	Girl
2. Race or Color, (if not of the white race)	White Race
3. Date of Birth,	Born May 4th 1896
4. Place of Birth, (Street and Number)	#2039 W. Pratt St.
5. Full Name of Mother,	Mrs. Maggie Miller
6. Mother's Maiden Name,	Miss. " Riller
7. Mother's Birthplace,	Bayern Germany
8. Full Name of Father,	Mr Ben Miller
9. Father's Occupation	Shoemaker
10. Father's Birthplace,	Kurhessen Germany
Name of Medical Attendant, or other person who makes this Return,	Mrs. Miller
Address,	#2008 Mc Henry St
Remarks,	

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become and comply with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to jected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-29-59

RETURN OF A BIRTH. 74049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Reuben B. Morley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 3rd

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 4/96
4. Place of Birth, (Street and Number) 1739 Hanover st
5. Full Name of Mother, Hester E. Morley
6. Mother's Maiden Name, Hester E. Bowers
7. Mother's Birthplace, Calvert Co Md
8. Full Name of Father, John H. Morley
9. Father's Occupation R. R. Fireman
10. Father's Birthplace, Frederick Co Md.

Name of Medical Attendant, or other person who makes this Return, E. Michaux M.D.

Address, 411 Sharp st

Remarks,

Every birth occurring within the limits of Baltimore City shall be reported to the Commissioner of Health, within ten days after such birth, by the physician or midwife in attendance upon the mother, or in case there shall be no physician or midwife in attendance, then by the father of such child, or by the mother, or by the householder of the house in which such birth shall occur, or by the owner, agent or manager of any institution in which such birth shall occur, or by the undertaker who shall bury such child, or by the sexton of the burial ground in which such child shall be buried, or by the person who shall perform the burial service over such child, or by any person having knowledge of such birth, and shall state the full name, sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

B960002162

RETURN OF A BIRTH 74050

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 6th 96
4. *Place of Birth, (Street and Number)*	1025 Park ave
5. *Full Name of Mother,*	Kate Kavanagh
6. *Mother's Maiden Name,*	Kate Ward
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Patrick J. Kavanagh
9. *Father's Occupation,*	Stone Mason
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Albert K Hadel MD
Address,	1143 Park ave
Remarks,	

[illegible] and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

1 8 9 6 U 0 0 2 1 6 3

RETURN OF A BIRTH. 74051

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 22nd. (Twenty second)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 6th. 96
4. Place of Birth, (Street and Number) 1078 N. Mount st.
5. Full Name of Mother, Catherine Tierney
6. Mother's Maiden Name, Catherine Kidder
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Patrick E. Tierney
9. Father's Occupation Sergt. of Police (Baltimore)
10. Father's Birthplace, Canada

Name of Medical Attendant, or other person who makes this Return, Henry C. Thee. M.D.

Address, 1203 West Fayette st.

Remarks,

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960002164

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74052

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st. (First)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 6th. 96
4. Place of Birth, (Street and Number) 1928 Wilhelm St.
5. Full Name of Mother, Annie E. Olivier
6. Mother's Maiden Name, Annie E. Byrne
7. Mother's Birthplace, Annapolis Md.
8. Full Name of Father, Henry Fr. Olivier
9. Father's Occupation Paperhanger
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Dale, M.D.

Address, 1203 W. Fayette St.

Remarks,

0 9 6 0 0 0 2 1 6 5

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6th May
4. Place of Birth, (Street and Number) Lambert St No 120
5. Full Name of Mother, Mary Liggett Herd
6. Mother's Maiden Name, " McBrownlerick
7. Mother's Birthplace, England
8. Full Name of Father, Allen Herd
9. Father's Occupation Pressers
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Lizzie Schaeffler

Address, 1108 E. Fort Ave Locust Point

Remarks,

B 9600002166

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 1.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 7th 1896.
4. Place of Birth, (Street and Number) 1004 Linton Place.
5. Full Name of Mother, Elizabeth W. Ochs
6. Mother's Maiden Name, " Wells
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John J. Ochs
9. Father's Occupation Paperhanger
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, S. Ridgway André M.D.

Address, 1123 E Baltimore st

Remarks,

8960002167

been entered; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1—

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May - 7 - 1896
4. *Place of Birth, (Street and Number)* 2606 E. Balto. st.
5. *Full Name of Mother,* Annie Schutte
6. *Mother's Maiden Name,* " McCarmick
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Alphonsus Schutte
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, P. E. Dausch

Address, 1731 E. Balto. st.

Remarks,

C 7 6 0 0 0 2 1 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred on its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Children

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 2 May 8 L 1896
4. Place of Birth, (Street and Number) 922 Lewis Stut
5. Full Name of Mother, Mary E. Weshields
6. Mother's Maiden Name, Not Married
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Cyrus Jones
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 419 Lewis stret

Remarks, doing well as can be expected

8 7 6 0 0 0 2 1 6 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Every Midwife shall register its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 8 1906
4. *Place of Birth, (Street and Number)* 12 10 Battery Ave
5. *Full Name of Mother,* Annie J Brannan
6. *Mother's Maiden Name,* Annie Backer
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Timothy Brannan
9. *Father's Occupation* Cast Plower
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Dr. P. Caskey

Address, 212 E. Oostrod

Remarks, Mary Ped

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

B 4 0 0 0 0 2 1 7 0

1236

RETURN OF A BIRTH. 74058

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Black

3. Date of Birth, May 8 1896

4. Place of Birth, (Street and Number) 1424 N. E Eldray Street

5. Full Name of Mother, Linda Mitchell

6. Mother's Maiden Name, Linda Carr

7. Mother's Birthplace, Maryland

8. Full Name of Father, Walter Mitchell

9. Father's Occupation Laborer

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin M.D.

Address, J. H. Hospital

Remarks,

6960002171

Wm. J. C. Dulany Co., City Printers and Stationers.

...ber, and such as set forth after as the same can be ascertained the full name of each child, (if any shall have been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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GIVEN NAME ADDED 7/20/60

RETURN OF A BIRTH. 74059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Elizabeth ~~Goldenhofer~~ "

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 9 1896
4. Place of Birth, (Street and Number) E North Broad Street
5. Full Name of Mother, Kate Goldenhofer
6. Mother's Maiden Name, " Kling
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Goldenhofer
9. Father's Occupation Upholsterer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin M D

Address, The Johns Hopkins Hospital

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 74960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	11
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	black
3. *Date of Birth,*	May 9 1896
4. *Place of Birth, (Street and Number)*	1728 Ashland Avenue
5. *Full Name of Mother,*	Sylvia Brush
6. *Mother's Maiden Name,*	Sylvia Thurnhart
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Wm's Brush
9. *Father's Occupation*	Steward
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Geo W Dobbin M D
Address,	J. H. Hospital
Remarks,	

B 9 6 U 0 0 2 1 7 3

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 74061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 2. 1896.
4. *Place of Birth, (Street and Number)*	357 Forrest st.
5. *Full Name of Mother,*	Maggie Rauscher Gertrude
6. *Mother's Maiden Name,*	Gilmanzy.
7. *Mother's Birthplace,*	George Rauscher
8. *Full Name of Father,*	Baker
9. *Father's Occupation*	Germany Peters N. D.
10. *Father's Birthplace,*	Johannes P.
Name of Medical Attendant, or other person who makes this Return,	Pratt st. city.
Address,	1928½ W.
Remarks,	

8960002174

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 74062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 2, 1896
4. *Place of Birth, (Street and Number)* 1928½ W. Pratt St.
5. *Full Name of Mother,* Mary Bagus
6. *Mother's Maiden Name,* Mary Thomas
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* John Bagus
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Johanna T. Zytwin M.D.

Address, 1928½ W. Pratt St. City.

Remarks,

8760002175

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 9th 1896
4. *Place of Birth, (Street and Number)* 133 Carroll ave Waverly Annex
5. *Full Name of Mother,* Clara L. Hendricks
6. *Mother's Maiden Name,* " " Gastenberger
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frederick L. Hendricks
9. *Father's Occupation* Foreman in Box factory
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, R. G. Ramsein M.D.

Address, 811 Jefferson Ave Waverly Baltimore

Remarks,

84 00 0 0 2 1 7 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

236]

RETURN OF A BIRTH. 74064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* May 10 1896
4. *Place of Birth, (Street and Number)* 1709 Orleans Street
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Drucilla Ballard
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* ?
9. *Father's Occupation* ?
10. *Father's Birthplace,* ?

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin M.D.

Address, The Johns Hopkins Hospital

Remarks, Not Married.

8 7 6 0 0 0 2 1 7 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 74065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 4-

1. *Sex,* (*State whether male or female*) Male
2. *Race or color,* (*if not of the white race*) ?
3. *Date of Birth,* May 3d 96
4. *Place of Birth,* (*Street and Number*) 535 N Washington St-
5. *Full Name of Mother,* Annie Caroline Keller
6. *Mother's Maiden Name,* " " Schmidt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* David Keller
9. *Father's Occupation,* Iron Molder
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Howard C Silver M D

Address, 1427 E Fayette St-

Remarks,

8 9 6 0 0 0 2 1 7 8

Month, and Date set forth, as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. G. SULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 74066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 8th 1896

4. Place of Birth, (Street and Number) 1423 Oliver St.

5. Full Name of Mother, Mary West

6. Mother's Maiden Name, Mary Eager

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William West

9. Father's Occupation, Printer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Maggie A. Wilkinson

Address, 2514 W. Eraso St.

Remarks, 8960002179

Wm J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and every month to the Commissioner of Health. In case the birth person be in of any child of each and attendance at the office of the Commissioner of said wifery, or should no other parents of such health, or should no other person or practitioner, and the duty of the person above required, and within the period above required shall be subject to the provisions of this section shall be recoverable any such person or persons who shall hereafter fail to comply with the provisions as other fines and forfeitures are recoverable. child to report its birth to the Commissioner, to be recovered as other offence, to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 10th 1896
4. Place of Birth, (Street and Number) 936 Chesapeake St
5. Full Name of Mother, Lena Hall
6. Mother's Maiden Name, Price
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Wm Henry Hall
9. Father's Occupation Fireman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah P Harrington

Address, 924 Bennig St Baltimore Md

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1896 00021180

RETURN OF A BIRTH. 74068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 20 1896
4. *Place of Birth, (Street and Number)* 535 N Wolfe St.
5. *Full Name of Mother,* Lillie Agnes Mohler
6. *Mother's Maiden Name,* Brown
7. *Mother's Birthplace,* Woodstock Howard Co. Md.
8. *Full Name of Father,* Frank Larsh Mohler
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, C. L. Irons M.D.

Address, 1830 E. Baltimore St.

Remarks,

1896 0002181

Wm. J. C. Dulany Co., City Printers and Stationers

Every midwife, and every person other than a physician or practitioner of midwifery, who shall be in attendance upon the birth of any child, shall, within ten days after the birth, ascertain the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 74069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) —

3. Date of Birth, 5/6/96

4. Place of Birth, (Street and Number) 2 N. 556 N Guy Ave

5. Full Name of Mother, Malvina Brochat

6. Mother's Maiden Name, Bair

7. Mother's Birthplace, Germany

8. Full Name of Father, G. F. Brochat

9. Father's Occupation Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Guas

Address, No. 1907 E Monument St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 74070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	3rd May 1896
4. *Place of Birth, (Street and Number)*	1615 E Madison st
5. *Full Name of Mother,*	Katie Fink
6. *Mother's Maiden Name,*	" Wilhelm
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	John H Fink
9. *Father's Occupation,*	Lakesman
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return.	Mrs J Groome
Address,	944 N Gay st
Remarks,	

8960002183

Wm J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 10-28-52

RETURN OF A BIRTH. 74071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alma C. ~~Robb~~ 2 child

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 4 May - 1896

4. Place of Birth, (Street and Number) 302 Callanton Ave

5. Full Name of Mother, Mary Robb

6. Mother's Maiden Name, Mary Beck

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Robb

9. Father's Occupation Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Johnson

Address, 2322 E. Fayette

Remarks,

B 7 6 0 0 0 0 2 1 8 4

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 74072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4 May 1896
4. *Place of Birth, (Street and Number)* 813 Luzerne Str.
5. *Full Name of Mother,* Paulina Ptak
6. *Mother's Maiden Name,* Perzutka
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Louis Ptak
9. *Father's Occupation* Stiritor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return,

Address, 838 S. Bond Str.

Remarks, Mary Britt.

8760002185

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH. 74073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	5 May 1896
4. *Place of Birth, (Street and Number)*	1926 Micanna Str.
5. *Full Name of Mother,*	Julia Ziarnorska
6. *Mother's Maiden Name,*	Soutziak
7. *Mother's Birthplace,*	Europe
8. *Full Name of Father,*	John Ziarnovsky
9. *Father's Occupation*	Workingman
10. *Father's Birthplace,*	Europe
Name of Medical Attendant, or other person who makes this Return,	
Address,	838 N. Bond Str.
Remarks,	Mary Prett.

8960002186

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 74074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) — — —

3. Date of Birth, 5/6/96

4. Place of Birth, (Street and Number) No. 725 N. Chester

5. Full Name of Mother, Carrie Willingham

6. Mother's Maiden Name, Schlieph

7. Mother's Birthplace, Balti

8. Full Name of Father, Harry Willingham

9. Father's Occupation Huckster

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gross.

Address, No 1907 E Monument St

Remarks,

Wm. J. C. Dulany Co,. City Printers and Stationers.

8960002187

RETURN OF A BIRTH. 74075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 6th 1896
4. Place of Birth, (Street and Number) No. 33 Fredrick Ave
5. Full Name of Mother, Jennie Stolzenbach
6. Mother's Maiden Name, Jennie McKenzie
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Stolzenbach
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1896 0002188

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 1st 1894

4. Place of Birth, (Street and Number) 1715 Druid Hill ave Balto

5. Full Name of Mother, Annie E. Callahan

6. Mother's Maiden Name, Annie E. Rhodes

7. Mother's Birthplace, Queens co Md

8. Full Name of Father, Thos H. Callahan

9. Father's Occupation Retired Merchant

10. Father's Birthplace, Talbot co Md

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Poppleton St

Remarks,

8 7 0 0 0 0 2 1 8 9

Been connected; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 May 1896
4. *Place of Birth, (Street and Number)* 1605 Langaster Str.
5. *Full Name of Mother,* Anzie Terpap
6. *Mother's Maiden Name,* Račmarik
7. *Mother's Birthplace,* Hungar
8. *Full Name of Father,* Makary Terpap
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Hungar

Name of Medical Attendant, or other person who makes this Return,

Address, 838 S. Bond Str.

Remarks, Mary Brett

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1896 0 0 0 2 1 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d &c.) Seventh

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 5, 1896.
4. Place of Birth, (Street and Number) 1015 Bruce St. City.
5. Full Name of Mother, Ella Waters
6. Mother's Maiden Name, " Bailey
7. Mother's Birthplace, Lancaster Co. Va.
8. Full Name of Father, Charles Waters
9. Father's Occupation White washing &c.
10. Father's Birthplace, Frederick Co. Md.

Name of Medical Attendant, or other person who makes this Return, H. S. Hansbury, M. D.

Address, 1122 N Mount St. Md. Homeo. Hospital

Remarks,

B76U002191

Wm. C. Dulany Co., City Printers and Stationers.

Every child born within the limits of Baltimore City shall be registered, and the name of each child, if any shall have been entered, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 74079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 9th 1896

4. Place of Birth, (Street and Number) 1823 N. Charles St.

5. Full Name of Mother, Mary Louise Kirk

6. Mother's Maiden Name, Mary Louise Hugg

7. Mother's Birthplace, Ratto Md.

8. Full Name of Father, Henry Lewis Kirk

9. Father's Occupation, Gentleman

10. Father's Birthplace, Philadelphia Pa.

Name of Medical Attendant, or other person who makes this Return. Cecil G. Stewart M.D.

Address, 122 W. 23rd St.

Remarks,

1 8 9 6 0 0 0 2 1 9 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner, or the parent, or the one who shall give the said place of birth, and the third day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of midwifery, or should no other person be in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	4 th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May - 11 - 96
4. *Place of Birth, (Street and Number)*	736 ½ W. Fulton
5. *Full Name of Mother,*	Carrie Faily
6. *Mother's Maiden Name,*	" Abels
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Jacob Faily
9. *Father's Occupation,*	Cabinet maker
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	L. L. Bugbee M.D.
Address,	418 S. Paca St.
Remarks,	

Wm J. C. Dulany Co., City Printers and Stationers.

8960002193

RETURN OF A BIRTH. 74081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	May 5th 1896.
4. *Place of Birth, (Street and Number)*	2208 Beech Avenue.
5. *Full Name of Mother,*	Annie Quinn.
6. *Mother's Maiden Name,*	Annie Rooney
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Augustin J Quinn
9. *Father's Occupation*	Lawyer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Thomas O'Brien M.D.
Address,	219 W Monument St
Remarks,	

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 74082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Twins
1. *Sex, (state whether male or female)*	boys
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	8 May
4. *Place of Birth, (Street and Number)*	2118 Grembridge
5. *Full Name of Mother,*	Josefsine Bujatovsky
6. *Mother's Maiden Name,*	Smith
7. *Mother's Birthplace,*	Pole
8. *Full Name of Father,*	Ignac Bujatovsky
9. *Father's Occupation*	Work-man
10. *Father's Birthplace,*	Pole
Name of Medical Attendant, or other person who makes this return.	Mary Pzett
Address,	838 S. Bond Str.
Remarks,	

8 7 0 0 0 0 2 1 9 5

Wm. J. C. Dulany Co., City Printers and Stationers.

The [illegible] and occupation of his parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74083

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Sixth
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 9th.
4. *Place of Birth, (Street and Number)*	#514 Lowerre
5. *Full Name of Mother,*	Mary Northenwitz
6. *Mother's Maiden Name,*	Mary Tobulsky
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Valentine Northenwitz
9. *Father's Occupation*	Blacksmith
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Mary J. Lertner
Address,	#247 S. Chester st
Remarks,	

8760002196

been counted as sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 May
4. *Place of Birth, (Street and Number)* 630 Aliciana Str.
5. *Full Name of Mother,* Lizie Beck
6. *Mother's Maiden Name,* Hand
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Beck
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return

Address, 838 S. Bond Str.

Remarks, Mary Pratt

8 9 6 0 0 0 2 1 9 7

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	10th May
4. *Place of Birth, (Street and Number)*	#605 N. Bl. St.
5. *Full Name of Mother,*	Tenia, Smith
6. *Mother's Maiden Name,*	Tenia Brenner
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	William J. Smith
9. *Father's Occupation*	Potter
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mary A. Pertner
Address,	247 E. Chester.
Remarks,	

8 9 6 0 0 0 2 1 9 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Day & Ross

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 14 1896
4. Place of Birth, (Street and Number) Hunters Place No 2211
5. Full Name of Mother, Lucy A Ross
6. Mother's Maiden Name, Calvert
7. Mother's Birthplace, Co
8. Full Name of Father, Louis Pratt
9. Father's Occupation, Carpnter
10. Father's Birthplace, North Carlina

Name of Medical Attendant, or other person who makes this Return, Darkes Jame Perry

Address, 310 Third Half street

Remarks,

1896 0 0 0 2 1 9 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 74087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 1 1896
4. *Place of Birth, (Street and Number)* 1012 E. Lombard St
5. *Full Name of Mother,* Lena Hurwitz
6. *Mother's Maiden Name,* Lena Goldstein
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Isaac Hurwitz
9. *Father's Occupation* Hair Dealer
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Lena Barth

Address, 41 E. Fort Ave. Balto

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 74088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Boy.

2. Race or Color, (if not of the white race) white

3. Date of Birth, 9. May.

4. Place of Birth, (Street and Number) N 229 Madeira Street.

5. Full Name of Mother, Barbara Holzheid.

6. Mother's Maiden Name, Barbara Marr.

7. Mother's Birthplace, Germany.

8. Full Name of Father, John Holzheit.

9. Father's Occupation Schoemaker.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mary Glass

Address, N 9. N. Wolfe Street.

Remarks,

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

8960002201

RETURN OF A BIRTH. 74089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 12 1916
4. *Place of Birth, (Street and Number)*	466 Hill St. Balto. Md.
5. *Full Name of Mother,*	Pearl Eastman
6. *Mother's Maiden Name,*	Pearl Waterman
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Jessie Eastman
9. *Father's Occupation*	Cutter Shop
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return.	Mrs Lena Bardard
Address,	411 E York St Balto.
Remarks,	

B 7 6 0 0 0 0 2 2 0 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of Ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Hattie Marie Marburger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2.
1. Sex, (state whether male or female)	Girl.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	13. May.
4. Place of Birth, (Street and Number)	N. 712. Aisquith Street.
5. Full Name of Mother,	Annie (Louise) Marburger.
6. Mother's Maiden Name,	(Louise) Schmidt. Smith
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	George Marburger.
9. Father's Occupation	Tailor.
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return,	Mary Glass.
Address,	N. 712. N. Wolfe Street.
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960002203

RETURN OF A BIRTH. 74091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Female twins
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 14 1896.
4. Place of Birth, (Street and Number) Ind. Home & Hospital.
5. Full Name of Mother, Bessie Kimball.
6. Mother's Maiden Name, Queen Annie Co.
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Dr. Wm. Moustery

Address, Ind. Home & Hospital

Remarks, The man died apparently healthy & unmarried. The younger and married have life insurance policies.

8960000022004

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 1st 1896.
4. Place of Birth, (Street and Number) 1002 E. Chase st.
5. Full Name of Mother, Virginia F. Arnold
6. Mother's Maiden Name, " " Weatherstein
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Chas. H. Arnold
9. Father's Occupation Stairbuilder
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby M. D.

Address, 1219 N. Caroline st.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8760002205

Section. It shall be the duty of the midwife who has officiated under this or the preceding section during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 3rd 1896.
4. Place of Birth, (Street and Number) #1707 N. Register St.
5. Full Name of Mother, Ann Virgina Satterfield
6. Mother's Maiden Name, Ann Virgina Masson
7. Mother's Birthplace, St. Louis
8. Full Name of Father, Howard Osburn Satterfield
9. Father's Occupation Potter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Sis Martha A Fritz

Address, 1600 E Lanvale St

Remarks,

B 960002206

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as near as the same can be ascertained the full name of each child; if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* May 3
4. *Place of Birth, (Street and Number)* 1403 Race st.
5. *Full Name of Mother,* Auguste Lindemann
6. *Mother's Maiden Name,* Auguste Hoffmann
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Julius Lindemann
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return Carl J. Mayer

Address, 1331 Hull st Locust Point.

Remarks,

1 8 9 6 0 0 0 2 2 0 7

Wm. J. C. Dulany Co., City Printers and Station

RETURN OF A BIRTH. 74095

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 8th 1876
4. Place of Birth, (Street and Number) 2226 Orleans E
5. Full Name of Mother, Hannah Clements
6. Mother's Maiden Name, " McDermott
7. Mother's Birthplace, Balto
8. Full Name of Father, James Clements
9. Father's Occupation, Collector.
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, J J Gross M.D.

Address, 1435 Orleans E

Remarks,

8 9 6 0 0 0 0 2 0 8

Wm J C. Dulany Co., City Printers and Stationers.

been collected, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 9th 1
4. Place of Birth, (Street and Number) 1529 Jefferson St
5. Full Name of Mother, Maggie Kinnier
6. Mother's Maiden Name, " Cronay
7. Mother's Birthplace, Balto
8. Full Name of Father, David Kinnier
9. Father's Occupation, Book. Keeper
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, J. D. Gross M.D.

Address, 1435 Orleans St

Remarks,

8 7 6 0 0 0 2 2 0 9

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex, (state whether male or female)* 2. female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 9. Mai
4. *Place of Birth, (Street and Number)* 1451 Richenowst.
5. *Full Name of Mother,* Anna Jungmann
6. *Mother's Maiden Name,* " Hallstein
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Philipp Jungmann
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Rudolf. Wagner.

Address, 1331 Hull & Locust Point

Remarks,

8960002210

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[1336]

RETURN OF A BIRTH. 74098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11th May 1896
4. *Place of Birth, (Street and Number)* N. 1156 Carroll St.
5. *Full Name of Mother,* Lizzie Flagg
6. *Mother's Maiden Name,* " Tassler
7. *Mother's Birthplace,* Frederick, Md.
8. *Full Name of Father,* Adam Flagg
9. *Father's Occupation* Cabinetmaker
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. A. M. Bischoff

Address, N. 1137 Carroll Str.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960002211

RETURN OF A BIRTH. 74099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 11th 1896
4. *Place of Birth, (Street and Number)*	Fountain Hotel Pratt & Calvert Sts
5. *Full Name of Mother,*	Mary J Rilley
6. *Mother's Maiden Name,*	Mary J Borton
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Bernard Rilley
9. *Father's Occupation*	Hotel Keeper
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	J West M.D.
Address,	5th N Charles St
Remarks,	Normal Labor City

6 7 6 0 0 0 2 2 1 2

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 74/00

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd. child

1. *Sex (state whether male or female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* 11th. May
4. *Place of Birth (Street and Number)* 1037 Nth. Gay Stat
5. *Full Name of Mother* Helen Estelle Baker
6. *Mother's Maiden Name* Helen Estelle Kehne
7. *Mother's Birthplace* Baltimore, Md.
8. *Full Name of Father* Robert Ignatius Baker.
9. *Father's Occupation* Plumber
10. *Father's Birthplace* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Mrs Kate Lanahan

Address 1049 Nth. Gay St.

Remarks

Doing well.

8960002213

RETURN OF A BIRTH. 74101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 13 Mai
4. *Place of Birth, (Street and Number)* 1473. Richenson St
5. *Full Name of Mother,* Rosa Heiker
6. *Mother's Maiden Name,* Z Lorenz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Adam Heiker
9. *Father's Occupation* Labolar
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Dr. H. Wagner

Address, 1331 Fulton St

Remarks,

8960002214

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

12 Ward

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Balto. May 15/06
4. Place of Birth, (Street and Number) 1096 Lombard St Balto.
5. Full Name of Mother, Rana B. Lock
6. Mother's Maiden Name, Rana Miller
7. Mother's Birthplace, Russia
8. Full Name of Father, Samuel Block
9. Father's Occupation Peddler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Lena Barnard

Address, 411 E. Fork St Balto.

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 74103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	Balto. May 16 96
4. *Place of Birth, (Street and Number)*	719 S. Charles St. Balto
5. *Full Name of Mother,*	Lena Singer
6. *Mother's Maiden Name,*	Lena Singer
7. *Mother's Birthplace,*	Russia
8. *Full Name of Father,*	Louis Singer
9. *Father's Occupation*	Shoemaker
10. *Father's Birthplace,*	Russia
Name of Medical Attendant, or other person who makes this Return,	Mrs. Lena Singer
Address,	11 E. Fort Ave. Balto. Md
Remarks,	

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960002216

RETURN OF A BIRTH. 74104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 16th 1896
4. *Place of Birth, (Street and Number)*	1004 Harford Ave
5. *Full Name of Mother,*	Maggie B. King Reilley
6. *Mother's Maiden Name,*	"
7. *Mother's Birthplace,*	West Virginia
8. *Full Name of Father,*	James E. King
9. *Father's Occupation*	Baltimore
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return.	Christian Lauer
Address,	1029 Harford Ave
Remarks,	

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960002217

RETURN OF A BIRTH. 74105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 2nd 1876
4. Place of Birth, (Street and Number) 1132 Hauk's Lane
5. Full Name of Mother, Mary Johnson
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert Hodnett
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Jane Lee

Address, 834 Sterling Street

Remarks,

8960002218

W. J. C. Dulany Co., City Printers and Stationers

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Female -
2. *Race or Color, (if not of the white race)* Colored -
3. *Date of Birth,* May 11/96 -
4. *Place of Birth, (Street and Number)* 611 George St. -
5. *Full Name of Mother,* Catherine M. Jordan
6. *Mother's Maiden Name,* " Lyles -
7. *Mother's Birthplace,* St. Mary's Co. Md. -
8. *Full Name of Father,* Chas. S. Jordan
9. *Father's Occupation* Agent -
10. *Father's Birthplace,* St. Mary's Co. Md. -

Name of Medical Attendant, or other person who makes this Return, Maria le Rivino M.D.

Address, 1344 Druid Hill Ave. -

Remarks,

8960002219

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74107

GIVEN NAME ADDED 8-7-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edna ~~May~~ Hening

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 11th 1896
4. Place of Birth, (Street and Number) 1208 Battery Ave
5. Full Name of Mother, Nannie Elizabeth Hening
6. Mother's Maiden Name, " " Madden
7. Mother's Birthplace, Bucks, Md.
8. Full Name of Father, Charles A Hening
9. Father's Occupation, Letter Carrier
10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other person who makes this Return, A J Carmick, M.D.

Address, 1201 Madison Ave

Remarks, formerly 1316 Myrtle Ave

8960000 2220

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 13th day of 1926
4. Place of Birth, (Street and Number) 1115 Hull Row Street
5. Full Name of Mother, Mrs. E. Jackson
6. Mother's Maiden Name, Maggie E. Wesley
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo. G. Jackson
9. Father's Occupation, Longshoreman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Charity Dr. Butler

Address, 28 S. Stephen Street

Remarks,

8 9 6 0 0 0 2 2 2 1

Wm J. C. Dulany Co., City Printers and Stationers.

mouth, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W Rule
3. *Date of Birth,* 13 May 1896
4. *Place of Birth, (Street and Number)* 725 N Mount St
5. *Full Name of Mother,* Mary E. Colton
6. *Mother's Maiden Name,* Mary E. Fredericks
7. *Mother's Birthplace,* Baltimore City, Md
8. *Full Name of Father,* John C. Colton
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore City, Md

Name of Medical Attendant, or other person who makes this Return, Frank W Gorman M D

Address, 322 N Gruner St.

Remarks,

1896 000 222

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the attendant, at the office of the Commissioner of Health, on the third day of each and every month to the officer appointed to receive the same on blank schedule, to be furnished by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Friday May 15 96
4. Place of Birth, (Street and Number) 906 S Linden Ave
5. Full Name of Mother, Sarah Dyla Glass
6. Mother's Maiden Name, " Rice
7. Mother's Birthplace, Harrisburg R
8. Full Name of Father, Moses Jacob Dubofsky
9. Father's Occupation, Tailor.
10. Father's Birthplace, Harrisburg R.

Name of Medical Attendant, or other person who makes this Return, Etta Klamansky

Address, 1102 S Linwood Ave

Remarks Balto MCH 02223

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 4/96
4. *Place of Birth, (Street and Number)* 11 S. Central Ave
5. *Full Name of Mother,* Annie Cohen
6. *Mother's Maiden Name,* Annie Goldberg
7. *Mother's Birthplace,* Kurland's R
8. *Full Name of Father,* Isaac Cohen
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address, Jetta Klarowsky

Remarks, 702 E Lanvale St

8 9 6 0 0 0 2 2 2 4

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 1896
4. *Place of Birth, (Street and Number)* 1736 E Pratt St
5. *Full Name of Mother,* Rosa Stein
6. *Mother's Maiden Name,* Rosa Stein
7. *Mother's Birthplace,* Sudlary R.
8. *Full Name of Father,* Pinia Stein
9. *Father's Occupation,* Peddler
10. *Father's Birthplace,* Sudbury R.

Name of Medical Attendant, or other person who makes this Return.

Address, Yetta Glassansky

Remarks, 1026 Lombard St
Balto Md

8900002225

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 18th 1946
4. Place of Birth, (Street and Number) 1306 Druid Hill Ave
5. Full Name of Mother, Mary Ellen Roney
6. Mother's Maiden Name, Mary Ellen Moody
7. Mother's Birthplace, Catonsville
8. Full Name of Father, George Roney
9. Father's Occupation Laborer
10. Father's Birthplace, Pork Hill Va.

Name of Medical Attendant, or other person who makes this Return. Mary Roney

Address, 1809 Linden Ave

Remarks, City

8960002226

Wm. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RM 1236]

RETURN OF A BIRTH. 74114

GIVEN NAME ADDED 3-24-69

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Elizabeth ~~Pauline~~ Vogel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 5/12/96
4. Place of Birth, (Street and Number) No. 2324 E. Eager St.
5. Full Name of Mother, Therese Vogel
6. Mother's Maiden Name, Lorenz
7. Mother's Birthplace, Germany
8. Full Name of Father, Berthold Vogel
9. Father's Occupation Stable boss.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gross.

Address, No. 1907 E Monument St.

Remarks,

8460002227

Wm. J. C. Dulany Co., City Printers and Stationers.

The undersigned shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74115

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, May 14 1896

4. Place of Birth, (Street and Number) 884 Eden st

5. Full Name of Mother, Mrs Francis Mancy

6. Mother's Maiden Name, Miss Francis Barnes

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Mr. Hy. Mancy

9. Father's Occupation, Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Cordelia Hanna

Address, #1014 N. Chapel st

Remarks,

8960 82228

Wm. J. C. Dulany Co., City Printers and Stationers.

Register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his ... month, and shall set forth as far as the same can be ascertained the full name of each chi... been conferred) its sex, color, the full name and occupation of its parents, the date and pla... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate be... third day of each and every month to the office of the Commissioner of Health. In case the ... shall occur without the attendance of a physician or practioner of midwifery, or should no oth... attendance upon the mother, immediately thereafter it shall become the duty of the person or p... child to report its birth to the Commissioner of Health, in the manner and within the period above... any such person or persons who shall hereafter fail to comply with the provisions of this section ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are ...

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) _____

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) _____
3. Date of Birth, May 14 1876
4. Place of Birth, (Street and Number) 1406 Sutton ave
5. Full Name of Mother, Mrs Boas Hirschhorn
6. Mother's Maiden Name, Iris Boas Murphy
7. Mother's Birthplace, Mount Savage Md
8. Full Name of Father, John Hirschhorn
9. Father's Occupation Porter
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Miss Susan B Hunter

Address, _____

Remarks, 23d Lafayette Ave

8960002229

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Female (Twin)
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 18 1914
4. *Place of Birth, (Street and Number)* 2419 Fait Ave
5. *Full Name of Mother,* Sarah E Fowlkes
6. *Mother's Maiden Name,* Sarah Lipes
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm F Fowlkes
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Chas E Harrison M.D.

Address, 921 Bruce St.

Remarks,

8960002230

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Child of Mother, (state whether 1st, 2d, 3d, &c.)

Sex, (state whether male or female) Boy

Race or Color, (if not of the white race) Color

Date of Birth, Sunday 12 May

Place of Birth, (Street and Number) Eutaw st near Lee

Full Name of Mother, Ada Morgan

Mother's Maiden Name, Ada Rice

Mother's Birthplace, Pelair Harford Co Md

Full Name of Father, George Morgan

Father's Occupation Laboring work

Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mary Day

Address, 614 Bloomm St

Remarks,

8 9 6 0 0 0 2 2 3 1

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RETURN OF A BIRTH. 74119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 4 1876
4. Place of Birth, (Street and Number) 610 S Patterson Park Ave
5. Full Name of Mother, Mary Emma Phillips
6. Mother's Maiden Name, " " " Frazier
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Reno[illegible] Phillips
9. Father's Occupation, Stationary Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M Taylor

Address, # 611 S. Patterson Pk. Ave

Remarks,

8 7 6 U 0 0 2 3 2

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 May
4. Place of Birth, (Street and Number) 955 North Washington Str.
5. Full Name of Mother, Mary Svec
6. Mother's Maiden Name, Tomisek
7. Mother's Birthplace, Böhmen
8. Full Name of Father, Jol Svec
9. Father's Occupation Shoemaker
10. Father's Birthplace, Böhmen

Name of Medical Attendant, or other person who makes this Return.

Address, L. Bond Str. 838

Remarks, Mary Prell

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Wm. J. C. Dulany Co., City Printers and Stationers

...ronto, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74321

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 14th 1896
4. Place of Birth, (Street and Number) #2316 Foster Ave.
5. Full Name of Mother, Katie Rauch
6. Mother's Maiden Name, Katie Saurer.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Joseph Saurer.
9. Father's Occupation, Plasterer.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M Taylor

Address, #611 S. Patterson Pk. Ave.

Remarks,

8 7 6 U 0 0 2 2 3 4

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* May 15th 1896.
4. *Place of Birth, (Street and Number)* #530 Fultzman's Court. Balto.
5. *Full Name of Mother,* Eva Rowe
6. *Mother's Maiden Name,* Eva Wilner
7. *Mother's Birthplace,* ~~Baltimore~~ Germany.
8. *Full Name of Father,* Oscar Rowe.
9. *Father's Occupation,* Can Maker.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor.

Address, #61 S. Patterson Pk. Ave.

Remarks,

8960002235

Wm J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74123

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 May
4. Place of Birth, (Street and Number) 1626 Thames St.
5. Full Name of Mother, Ajdy Frabisak
6. Mother's Maiden Name, Fribitska
7. Mother's Birthplace, Pole
8. Full Name of Father, John Frabisak
9. Father's Occupation Teleman
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return

Address, S. Bond Str. 838

Remarks, Mary Britt

8 9 6 0 0 0 2 2 3 6

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74124

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 May
4. Place of Birth, (Street and Number) 1608 Shakspear Str.
5. Full Name of Mother, Katie Markevic
6. Mother's Maiden Name, Basinska
7. Mother's Birthplace, Pole
8. Full Name of Father, Albert Markevic
9. Father's Occupation Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return,

Address, S. Bond Str. 838

Remarks, Mary Path

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Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 94125

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 May
4. Place of Birth, (Street and Number) Shakspeare Ste. 1605
5. Full Name of Mother, Katie Kral
6. Mother's Maiden Name, Kamajsinsky
7. Mother's Birthplace, Pole
8. Full Name of Father, Frank Kral
9. Father's Occupation Workman
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return,

Address, S. Bond Ste. 838

Remarks, Mary Prill

8960002238

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9 Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	White Race
3. *Date of Birth,*	Born May 17th 1896
4. *Place of Birth, (Street and Number)*	#1809 Dover St
5. *Full Name of Mother,*	Mrs. Minnie Schratzki
6. *Mother's Maiden Name,*	Miss. " Radke
7. *Mother's Birthplace,*	Preissen Germany
8. *Full Name of Father,*	William Schratzki
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Preissen Germany
Name of Medical Attendant, or other person who makes this Return.	Mrs Hiller
Address,	#2008 N. Henry St
Remarks,	

8960002239

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 74127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d~~, ~~3d~~, &c.) 2nd

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 May 1896
4. *Place of Birth, (Street and Number)* 24 E Lanvale
5. *Full Name of Mother,* Lucy Barnhart
6. *Mother's Maiden Name,* Curtis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Dunbar
9. *Father's Occupation,* Manufacturer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. C Benjamin MD

Address, 92 S Caroline

Remarks,

ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

n Murphy & Co., City Printers and Stationers.

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RETURN OF A BIRTH. 74128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex, (state whether male or female) White. Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, May 17th 1896.
4. Place of Birth, (Street and Number) #2005 Orleans St.
5. Full Name of Mother, Katie Hoffman.
6. Mother's Maiden Name, Katie Hellman.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Phil. Hoffman.
9. Father's Occupation, Cigar Manufactor.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor.

Address, #611 S. Patterson Pk. Ave.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

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been conferred) its sex, color, the full name of each child, if any shall have said schedule shall be delivered, duly signed by the physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7/4/29

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male 2d Children

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Monday morning 17 1896
4. Place of Birth, (Street and Number) Jesus S. the 699 Cider Alley
5. Full Name of Mother, Jane Sedgwick 648 Broadway
6. Mother's Maiden Name, Jane Clark
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, Henry E. Smith
9. Father's Occupation Milk Hauler
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return,

Address, 699 Cider Alley 648 Broadway

Remarks, Place Error 16 10 with 2 4 2

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74/30

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 18th
4. Place of Birth, (Street and Number) 711 E. Fayette St.
5. Full Name of Mother, Maggie T. Miller
6. Mother's Maiden Name, Maggie T. Smith
7. Mother's Birthplace, Balto
8. Full Name of Father, William J. Miller
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Thomas Scullin

Address, 700 E Baltimore St

Remarks,

6960002243

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, and every physician or practitioner of midwifery, who shall attend upon any birth, shall ascertain the full name of each child born or delivered by him or her, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 20th 1896
4. Place of Birth, (Street and Number) 57. E. Montgomery. St
5. Full Name of Mother, Aglae. Wacker
6. Mother's Maiden Name, aglae. Wacker
7. Mother's Birthplace, France
8. Full Name of Father, Otto. Wacker
9. Father's Occupation, conductor
10. Father's Birthplace, Baltimore. Md

Name of Medical Attendant, or other person who makes this Return, Ellenora. A. anderson

Address, 1434. Patapsco. St

Remarks,

8960002244

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 20th 1896
4. *Place of Birth, (Street and Number)*	Garrett Apts No 470 L.P.
5. *Full Name of Mother,*	Idea Thompson
6. *Mother's Maiden Name,*	Idea Hegenbe
7. *Mother's Birthplace,*	Copenhagen, Denmark
8. *Full Name of Father,*	John C. Thompson
9. *Father's Occupation*	Soldier
10. *Father's Birthplace,*	Georgia U. S. A.
Name of Medical Attendant, or other person who makes this Return,	Mrs. Schaeffler.
Address,	1705 E. Fort Ave Locust Point
Remarks,	

8960002245

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74/33

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 4th 1896
4. *Place of Birth, (Street and Number)* 5 Wellesley St.
5. *Full Name of Mother,* Annie Grimm
6. *Mother's Maiden Name,* Annie Strommer
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* William Grimm
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Balto. Co.

Name of Medical Attendant, or other person who makes this Return, Lewis Henry Handley M.D.

Address, 1731 Frederick Ave. Cat

Remarks,

8960002246

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

74134

OTHER NAME ADDED 11-28-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Joseph Oliver Rice

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 5 1896

4. Place of Birth, (Street and Number) 1402 W Pratt St

5. Full Name of Mother, Ida May Rice

6. Mother's Maiden Name, Ida May Thomas

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, William Sylvanus Rice

9. Father's Occupation, Saloon & Restaurant

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other Person who makes this Return. Elizabeth Thomas

Address, 1242 W Pratt St

Remarks,

84600022247

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH 74138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.)	1st
1. *Sex,* (*State whether male or female*)	Male
2. *Race or color,* (*if not of the white race*)	White
3. *Date of Birth,*	May 8th
4. *Place of Birth,* (*Street and Number*)	1223 Sergeant st
5. *Full Name of Mother,*	Elisabeth Heath
6. *Mother's Maiden Name,*	" " Doin
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Magruder Heath
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Richmond Va.
Name of Medical Attendant, or other person who makes this Return.	Mrs Kate Griglein
Address,	805 Vine st.
Remarks,	

8960002248

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 74136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 13th 1896
4. Place of Birth, (Street and Number) Hanover
5. Full Name of Mother, Bertha Bellman
6. Mother's Maiden Name, Bertha Shuler
7. Mother's Birthplace, Balto City
8. Full Name of Father, Conrad Bellman
9. Father's Occupation Huckster
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Margerat Hunkel

Address,

Remarks,

8960002249

Wm. J. C. Dulany Co., City Printers and Stationers.

...sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to coupply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 74103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) X

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 14 1896
4. *Place of Birth, (Street and Number)* 1909 Spring Alley
5. *Full Name of Mother,* Lucia Bobilitz
6. *Mother's Maiden Name,* Lucia Young
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Bobilitz
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin M.D.

Address, The Johns Hopkins Hospital

Remarks,

8960002250

Wm. J. C. Dulany Co,. City Printers and Stationers.

...the full name of each child, (if any shall have been omitted) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 74138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Mary Cecilia Brady 1st.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, May 16th.
4. Place of Birth (Street and Number), 948 Druid Hill ave.
5. Full Name of Mother, Helen Brady
6. Mother's Maiden Name, Helen Harford
7. Mother's Birthplace, Maryland
8. Full Name of Father, Edward Brady
9. Father's Occupation, Carpenter
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Reverdy McHall

Address, 1019 Druid Hill ave.

Remarks,

8960002251

And shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 74139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 17th 1896
4. Place of Birth, (Street and Number) Walbrook
5. Full Name of Mother, Elizabeth L. Judd
6. Mother's Maiden Name, Elizabeth Scott
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Edward Judd
9. Father's Occupation, Bank Clerk
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, C. A. Carter M.D.

Address, 661 N. Fayette St.

Remarks,

8960002252

Every birth occurring in this city shall be reported to the Commissioner of Health within ten days after such birth, and the parent or parents, or in case of their absence, the occupant of the house or tenement in which such birth occurs, shall report to the Commissioner of Health the sex, color, the full name and occupation of its parents, the date and place of birth, and the full name of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-20-57

RETURN OF A BIRTH. 74140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Margaret Ritter

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6.
1. Sex, (state whether male or female)	Girl.
2. Race or Color, (if not of the white race)	White.
3. Date of Birth,	17. May. 1896
4. Place of Birth, (Street and Number) 424.	Chapel Street.
5. Full Name of Mother,	Anny. Ritter.
6. Mother's Maiden Name,	Anny. Gebhard.
7. Mother's Birthplace,	Baltimore.
8. Full Name of Father,	Ygnatzius Ritter.
9. Father's Occupation	Tailor.
10. Father's Birthplace,	Baltimore.
Name of Medical Attendant, or other person who makes this Return,	Mary Klose.
Address,	429. N. Wolfe Street.
Remarks,	

8960002253

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 1-5-55

RETURN OF A BIRTH. 74141

Twin #1 John Waidlich Mears

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Twin #2 Florence Marie Mears

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First & Second

1. Sex, (state whether male or female) Male & Female Twins
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 18th 1896
4. Place of Birth, (Street and Number) 718 N. Carrollton Ave.
5. Full Name of Mother, Flora Kate Mears
6. Mother's Maiden Name, Flora Kate Waidlich
7. Mother's Birthplace, Mercersburg Pa.
8. Full Name of Father, Joseph C. Mears
9. Father's Occupation, Merchant
10. Father's Birthplace, Mechanicsburg Pa.

Name of Medical Attendant, or other person who makes this Return, C. A. Abercrombie

Address, 661 W. Fayette St

Remarks,

8960002254

Wm. J. C. Dulany Co., City Printers and Stationers.

Every person in charge of any institution, public or private, and every physician, midwife, or other person who shall be present at the birth of any child, shall within ten days thereafter report to the Commissioner of Health, in writing, the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th children

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 18 of May 1876
4. Place of Birth, (Street and Number) 219 Durham Street
5. Full Name of Mother, Isabell Wilson
6. Mother's Maiden Name, Isabell Johnson
7. Mother's Birthplace, Somerset County
8. Full Name of Father, John Wilson
9. Father's Occupation Laborer
10. Father's Birthplace, Somerset County

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address, 419 Lewis Street

Remarks, Doing very well

8960002255

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74143

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

No. of Child of Mother (state whether 1st, ~~2d, 3d, &c.~~)	first
1. *Sex* (state whether Male ~~or Female~~)	male
2. *Race or Color* (if not of the white race)	Colored
3. *Date of Birth*	May 20th 1896
4. *Place of Birth* (Street and Number)	612 Vincent alley
5. *Full Name of Mother*	Susan Johnson
6. *Mother's Maiden Name*	" Harris
7. *Mother's Birthplace*	Virginia
8. *Full Name of Father*	James Johnson
9. *Father's Occupation*	Laborer
10. *Father's Birthplace*	Virginia
Name of Medical Attendant, or other Person who makes this Return.	C. C. Richardson M.D.
Address	1616 Edmondson ave.
Remarks	

8960002256

RETURN OF A BIRTH. 74144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, &c.)

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race) Col
3. Date of Birth, May 15th 1896
4. Place of Birth, (Street and Number) 1424 Carroll St.
5. Full Name of Mother, Louisa Mathews
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Monroe
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Isabella (her X mark) Mathews

Address, 847 Stockholm near St.

Remarks,

8960002257

Wm. J. C. Dulany Co., City Printers and Stationers.

It shall be the duty of the attending physician or midwife, within ten days after the birth of each child, if any shall have been conducted by him or her, and in all other cases of births, within ten days after the birth of each child, if any shall have been conducted by him or her, and in all other cases of births, within ten days after the birth of each child, if any shall have been conducted by him or her, and in all other cases of births, within ten days after the birth of each child, if any shall have been conducted by him or her, and in all other cases of births, within ten days after the birth of each child, if any shall have been conducted by him or her, and in all other cases of births, within ten days after the birth of each child, if any shall have been conducted by him or her, and in all other cases of births, within ten days after the birth of each child, if any shall have been conducted by him or her, and in all other cases of births, within ten days after the birth of each child, if any shall have been conducted by him or her, and in all other cases of births, within ten days after the birth of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6 th
1. *Sex, (state whether male or female)*	Male.
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 1st 1896
4. *Place of Birth, (Street and Number)*	1006 Hollins St.
5. *Full Name of Mother,*	Mary L. Hiltner
6. *Mother's Maiden Name,*	" L. Wagner
7. *Mother's Birthplace,*	Baltimore Md
8. *Full Name of Father,*	Henry Hiltner
9. *Father's Occupation*	Steamfitter
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Joseph E. Saunders
Address,	1076 W. Lafayette St.
Remarks,	Precipitated labor, i.e, child was born in waters = fair.

Said Commissioner of Health, in the manner and within the period above required, and subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8460002258

RETURN OF A BIRTH. 74146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 May 1896
4. *Place of Birth, (Street and Number)* 1791 S Charles st
5. *Full Name of Mother,* Mollie Hartman
6. *Mother's Maiden Name,* Lorman
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Edward Hartman
9. *Father's Occupation* Gardener
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Dr E D Brooks

Address, 1502 Light st

Remarks, Living & well

8960002259

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 74147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	third child
1. *Sex, (State whether male or female)*	male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	first day of may
4. *Place of Birth, (Street and Number)*	405 Stockholm st
5. *Full Name of Mother,*	Clara M. Bunn
6. *Mother's Maiden Name,*	Clara M. Higdon
7. *Mother's Birthplace,*	Same place as the childs
8. *Full Name of Father,*	William H. Bunn
9. *Father's Occupation,*	glass blower
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return.	Florence B Slater
Address,	932 Warner st
Remarks,	

1896000 2260

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. K. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

[FORM 1236.]

RETURN OF A BIRTH. 7418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 1 1896
4. *Place of Birth, (Street and Number)* Wolf st 720
5. *Full Name of Mother,* Sophie Stanton
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* James J. Stanton
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Hopkins

Address, N Washington st No 205

Remarks,

8960002261

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 1/2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1st of May 96
4. *Place of Birth, (Street and Number)* 2119 Galveston Road
5. *Full Name of Mother,* Anna Kepler
6. *Mother's Maiden Name,* Anna Malischefski
7. *Mother's Birthplace,* Pol
8. *Full Name of Father,* Joseph Kepler
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler midwife

Address, 216 W Pratt St

Remarks,

8960002262

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Colored

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 May 1896.
4. *Place of Birth, (Street and Number)* 413 Saunders Av
5. *Full Name of Mother,* Mary Jones
6. *Mother's Maiden Name,* Cotton
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Henry Jones
9. *Father's Occupation* Letter Carrier
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Wm. H. B. Broadus

Address, 228 Eighth Av

Remarks, Born Dead

8 9 6 0 0 0 2 2 6 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 3rd, 1896
4. *Place of Birth, (Street and Number)* 410 W. Hoffman Street
5. *Full Name of Mother,* Alverta Crockson
6. *Mother's Maiden Name,* Alverta Crockson
7. *Mother's Birthplace,* Harford County, Maryland
8. *Full Name of Father,* Daniel Osborne
9. *Father's Occupation* Coachman
10. *Father's Birthplace,* Havre De Grace, Md.

Name of Medical Attendant, or other person who makes this Return, M. Magdalene Warner, M.D.

Address, 410 W. Hoffman Street

Remarks,

8960002264

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 74152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 3 1896
4. *Place of Birth, (Street and Number)* Canton ave 1602
5. *Full Name of Mother,* Sophia Brozan
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohaimen
8. *Full Name of Father,* John Brozan
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Bohaimen

Name of Medical Attendant, or other person who makes this Return, Mary Kopitis

Address, N Washington st 205

Remarks,

B 7 6 0 0 0 2 2 6 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Each Return of Birth shall state the sex, color, the full name and occupation of its parents, the date and place of birth of each child, if any shall have been born since the last return, and the number of each child of the mother. Every such return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

MIDDLE NAME ADDED 12-22-54

RETURN OF A BIRTH. 74153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lillian Ruth ~~Shapiro~~

No of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, &c.) Second (2)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4 of May 1896
4. Place of Birth, (Street and Number) 203 N. Eden St
5. Full Name of Mother, Bessie Shapiro
6. Mother's Maiden Name, ——— Zapsen
7. Mother's Birthplace, Russia Poltava Lublin
8. Full Name of Father, Henry Shapiro
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Russia Odessa

Name of Medical Attendant, or other person who makes this Return, H. Finder

Address, 143 N. Front St

Remarks,

8 9 6 U 0 0 2 2 6 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

Form 1286.]

RETURN OF A BIRTH. 74154

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 4 1896
4. Place of Birth, (Street and Number) Central ave 430
5. Full Name of Mother, Emma Ehoff
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohaimen
8. Full Name of Father, Henry Ehoff
9. Father's Occupation Labor
10. Father's Birthplace, Bohaimen

Name of Medical Attendant, or other person who makes this Return, Harry Koplis

Address, N Washington st 205

Remarks,

8960002267

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74155

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Negro
3. Date of Birth, 4 May 1896
4. Place of Birth, (Street and Number) 913 Brown St
5. Full Name of Mother, Margaret Marshall
6. Mother's Maiden Name, Little
7. Mother's Birthplace, Balto
8. Full Name of Father, James E Marshall
9. Father's Occupation Cigar Maker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Dr J. H. Brooks

Address, 1828 E. Pr. St

Remarks, Born Well

8966002268

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, B May 5th 1896
4. Place of Birth, (Street and Number) 823 Hopkins Ave
5. Full Name of Mother, Anna Elizabeth Gray
6. Mother's Maiden Name, Anna Elizabeth Carr
7. Mother's Birthplace, Har Calvert Co
8. Full Name of Father, John A. Gray
9. Father's Occupation Grocery proprietor
10. Father's Birthplace, Norfolk Co Virginia

Name of Medical Attendant, or other person who makes this Return, J J Cameron

Address, 429 N Broadway

Remarks,

8960C02269

Wm. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 74157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 16. 1898.
4. Place of Birth, (Street and Number) 201 N Washington st
5. Full Name of Mother, Elizbth Kruby.
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Joe Kruby
9. Father's Occupation Labor.
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Koptick

Address, 205 Nort Washington st.

Remarks,

8960002270

been entered, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 74158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 2 1896
4. *Place of Birth, (Street and Number)* Millman at 1327
5. *Full Name of Mother,* ~~Mary~~ Mary Booney
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Warren
8. *Full Name of Father,* Edward Booney
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Warren

Name of Medical Attendant, or other person who makes this Return, Mary Shoptis

Address, N. Washington at 205

Remarks,

8 4 6 0 0 0 2 2 7 1

Wm. J. C. Dulany Co,. City Printers and Stationers.

Each Coroner, Physician or Midwife, who shall attend upon the birth of any child, shall report to the Registrar of Vital Statistics, Board of Health, Baltimore City, the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 6th
4. *Place of Birth, (Street and Number)* 1133 Hominy Lane
5. *Full Name of Mother,* Carrie Jones
6. *Mother's Maiden Name,* Miss Carrie Jones
7. *Mother's Birthplace,* Baltimore, Md
8. *Full Name of Father,* Charles Jones
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, M. Magdalene Vanier, M.D.

Address, 418 W. Hoffman Street

Remarks, L. O. A.

8960002272

Wm. J. C. Dulany Co., City Printers and Stationers.

same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74/60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Colored

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 7 May 1860
4. Place of Birth, (Street and Number) 2127 Monroe
5. Full Name of Mother, Mary Marshall
6. Mother's Maiden Name, Sapunto
7. Mother's Birthplace, Hartford Co Md
8. Full Name of Father, Robert Marshall
9. Father's Occupation Fireman B. O. R. R.
10. Father's Birthplace, Harford Co Md

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8960002273

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 3-30-55

RETURN OF A BIRTH. 74161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Agusta ~~Bowers~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 1 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7th July 1896
4. Place of Birth, (Street and Number) 660 S Fayette
5. Full Name of Mother, Pauline Bowers
6. Mother's Maiden Name, Pauline Burgermeister
7. Mother's Birthplace, Germany
8. Full Name of Father, George Bowers
9. Father's Occupation Baker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr C. A. Larsen

Address, 660 S Fayette

Remarks, Bal. Md

1896

8960002274

Wm. J. C. Dulany Co., City Printers and Stationers.

Penalty.—Any person who shall neglect or refuse to make the return required by this section, as to the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74162

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 8th 1896
4. *Place of Birth, (Street and Number)* 21 E. Pratt St.
5. *Full Name of Mother,* Mary J. Tyrol
6. *Mother's Maiden Name,* " " Holloran
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Michael Tyrol
9. *Father's Occupation* Brass Molder.
10. *Father's Birthplace,* America.

Name of Medical Attendant, or other person who makes this Return, Mrs J. Feldman

Address, 1013 E. Fountain St.

Remarks,

8960002275

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74/63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 8th 1896

4. Place of Birth, (Street and Number) 2420 Belmont av

5. Full Name of Mother, Emma M Graham

6. Mother's Maiden Name, Baker

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Ellis Graham

9. Father's Occupation Book Keeper

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, W. S. Hawkins

Address, Green & Mulberry sts

Remarks,

8 4 6 0 0 0 2 2 7 6

been conferred; its sex, color; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9 May 1894
4. Place of Birth, (Street and Number) 1113 S Charles st
5. Full Name of Mother, Katie Conners
6. Mother's Maiden Name, Slagle
7. Mother's Birthplace, Balto
8. Full Name of Father, James Conners
9. Father's Occupation Saloon Keeper
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E K Brooks

Address, 828 Light st

Remarks, Dr Mell

8960002277

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 74165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 2 1896
4. Place of Birth, (Street and Number) Port St 624
5. Full Name of Mother, Mary Witting
6. Mother's Maiden Name,
7. Mother's Birthplace, Garmen
8. Full Name of Father, Christian Witting
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Krapitta

Address, 45 Washington st 205

Remarks,

8460002278

Wm. J. C. Dulany Co., City Printers and Stationers.

each child, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 74/66

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 9 1896
4. *Place of Birth, (Street and Number)* Maiden st 12
5. *Full Name of Mother,* Lizzie Dashney
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Farmer
8. *Full Name of Father,* William Dashney
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Farmer

Name of Medical Attendant, or other person who makes this Return, Mrs Hopkis

Address, N Washington nr 20th

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8960002279

Each child born alive in the City of Baltimore shall be registered as to its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4th of May 96
4. Place of Birth, (Street and Number) 331 S Payson St.
5. Full Name of Mother, Mage Köhler
6. Mother's Maiden Name, Mage Hoffmann
7. Mother's Birthplace, Balto
8. Full Name of Father, Herman Köhler
9. Father's Occupation Labor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Heuler Midwife

Address, 2116 W Pratt St.

Remarks,

8960002280

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 7-31-59

RETURN OF A BIRTH. 74168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Albert William Berigtold 2d Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9 Nov 1896
4. Place of Birth, (Street and Number) 1202 E Oxford
5. Full Name of Mother, Nannie E Berigtold
6. Mother's Maiden Name, Beelau
7. Mother's Birthplace, Balto
8. Full Name of Father, Edward Berigtold
9. Father's Occupation Tailor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs E K Broades

Address, 1208 Oxford

Remarks, Doing well

8960002281

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 10 May 1896
4. Place of Birth, (Street and Number) 1822 Gilmor
5. Full Name of Mother, Caroline Weaver
6. Mother's Maiden Name, Lloyd
7. Mother's Birthplace, Balto
8. Full Name of Father, Thomas Weaver
9. Father's Occupation Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. L. E. Brooks

Address, 1822 Gilmor

Remarks, Living Well

8960002282

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 10th 1896
4. Place of Birth, (Street and Number) 1829 Bank St
5. Full Name of Mother, Elmira Harris
6. Mother's Maiden Name, Elmira Peacock
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Harris
9. Father's Occupation, Shipcarpenter
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Wolfe C. Eisenberg AB MD

Address, N. E. Cor Bank & Wolfe Sts

Remarks,

8960002283

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

1236.]

RETURN OF A BIRTH. 74171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 11 th 1896.
4. *Place of Birth, (Street and Number)* 251 Fait Ave.
5. *Full Name of Mother,* Annie Kasper
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemanie.
8. *Full Name of Father,* Joe Kasper
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Bohemanie.

Name of Medical Attendant, or other person who makes this Return, Mary Koftish

Address, 205 N Washington st.

Remarks,

8960002284

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

1236.]

been conferred [illegible] its sex, color, the full name of each child, (if any shall have been conferred) the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 10 1896
4. *Place of Birth, (Street and Number)* Castle st 802
5. *Full Name of Mother,* Mary Panusky
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohaimen
8. *Full Name of Father,* William Panusky
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Bohaimen

Name of Medical Attendant, or other person who makes this Return, Mary Koptis

Address, N Washington st 205

Remarks,

896000 2285

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 74173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, May 10th, 1896
4. Place of Birth, (Street and Number) 205 Canal Alley

Full Name of Mother, Ida Edwards

Mother's Maiden Name, Ida Hedgemon

7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Joseph C. Edwards
9. Father's Occupation, Waiter
10. Father's Birthplace, Savannah, Georgia

Name and Medical Attendant, or other person who makes this Return. H. Magdalene Warner, M.D.

Address 418 West Hoffman Street, Baltimore

Remarks

8960002286

WM. J. C. DULANY & CO., CITY PRINTERS AND

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner of Health, should no other person be third day of each and every month to the office of the Commissioner of midwifery, or the person or parents of such shall occur without the attendance of a physician or practitioner it shall become the duty of the person above required, and attendance upon the mother, immediately thereafter, in the manner and within the time above required, and child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Color. African
3. *Date of Birth,* May 10th, 1896
4. *Place of Birth, (Street and Number)* Maternite, 410 Hoffman Street
5. *Full Name of Mother,* Lizzie Sophia Jackson
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* Baltimore County, Md.
8. *Full Name of Father,* Robert Jones
9. *Father's Occupation* Coachman
10. *Father's Birthplace,* Philadelphia, Pa.

Name of Medical Attendant, or other person who makes this Return, M. Magdalene Warner, M.D.

Address, Maternite, 410 Hoffman Street, West

Remarks, L. O. A. 8 9 6 0 0 0 2 2 8 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents, of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	MAY 11 1896
4. *Place of Birth, (Street and Number)*	216 Bolair Road
5. *Full Name of Mother,*	Elizabeth Buckwald Graf
6. *Mother's Maiden Name,*	Balto. City
7. *Mother's Birthplace,*	John F. G. Buckwald
8. *Full Name of Father,*	Butcher
9. *Father's Occupation*	Balto. City,
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	Dr. S. W. Soldner,
Address,	S. E. Cor. Eager & Caroline Sts.
Remarks,	

8 9 6 0 0 0 2 2 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

...month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6 May 1896
4. *Place of Birth, (Street and Number)* 615 Williams st
5. *Full Name of Mother,* Mary E Kilroy
6. *Mother's Maiden Name,* Lurdwick
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Garrett Kilroy
9. *Father's Occupation* Horse Polisher
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Wm & E Brown

Address, 1808 Eighth Se

Remarks, Comp Well

1896 U 0002289

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 74177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, 12 may
4. Place of Birth, (Street and Number) 1604 light st
5. Full Name of Mother, Mary Smith
6. Mother's Maiden Name, Mary Darsh
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jorge Smith
9. Father's Occupation, farmer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Florence B Thater

Address, 932 Warner st

Remarks,

8960002290

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. G. DULANY & CO., CITY PRINTERS AND STATIONERS

NAME CHANGED BY COURT ORDER 8-29-50

CERTIFICATE CORRECTED 8-29-50

RETURN OF A ~~BIRTH~~ 74178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Harry Reese Walter

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12th of May 1896
4. Place of Birth, (Street and Number) 1111 Eastlake Ave
5. Full Name of Mother, Catherine (Cathrine) (Reese) Ries
6. Mother's Maiden Name, (Coatsping) (Elmine) Weis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles (Reese) Ries
9. Father's Occupation Cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Jno. Lee Lauer

Address, 1605 Harford Ave

Remarks, Baltimore Md.

1896

8960002291

Wm. J. C. Dulany Co., City Printers and Stationers.

...been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 1-13-56

RETURN OF A BIRTH. 74179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret Clara Hanf

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2te

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 of May 96
4. Place of Birth, (Street and Number) 22 Mary Ann St.
5. Full Name of Mother, Mathilda Hanf
6. Mother's Maiden Name, Mathilda Heerstmann
7. Mother's Birthplace, Germany
8. Full Name of Father, Friederich Hanf
9. Father's Occupation Bäcker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler midwife

Address, 216 N Front St.

Remarks,

8960002292

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 94180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 13, 1896
4. Place of Birth, (Street and Number) 52 North Market Space
5. Full Name of Mother, Rebecca Katzorofsky
6. Mother's Maiden Name, Rebecca Koldikan
7. Mother's Birthplace, Russia
8. Full Name of Father, Hirsch Katzorofsky
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Ida Pollack M. D.

Address, 1112 Eutaw St. North

Remarks,

8960002293

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 4-12-58

RETURN OF A BIRTH. 74181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Eva Katherine ~~Hilly~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 Jan 89
4. *Place of Birth, (Street and Number)* 936 S. Charles St
5. *Full Name of Mother,* Maggie V. Hill
6. *Mother's Maiden Name,* Schmidt
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Hill
9. *Father's Occupation* Sailor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mary E. Brookes

Address, 878 Cole

Remarks, Doing Well

8960002294

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH. 74182

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female Male, Harry Hallam
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 14, 1896
4. Place of Birth, (Street and Number) 263 N Exeter St.
5. Full Name of Mother, Lena (Hallen) Hallam
6. Mother's Maiden Name, Lena (Hennes) Bennes
7. Mother's Birthplace, Russia
8. Full Name of Father, Lazar (Hallen) Hallam
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finesberg

Address, 29 Lloyd St.

Remarks,

0760002295

Been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74183

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 14 96
4. *Place of Birth, (Street and Number)* No 127 N Gilmor St
5. *Full Name of Mother,* Virginia Engelmann
6. *Mother's Maiden Name,* Virginia Ethel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Engelmann
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Jno C. Sauer

Address, No 1059 Harford Ave

Remarks, Feb 14 96

1896 00 02296

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 74184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (State whether male or female)*	female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	14 may
4. *Place of Birth, (Street and Number)*	208 york Street
5. *Full Name of Mother,*	Annie johnson
6. *Mother's Maiden Name,*	Annie Jones
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John johnson
9. *Father's Occupation,*	laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return	Florence B Thater
Address,	932 Warmer st
Remarks,	

8960002297

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

J. C. DILLARY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 74185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* May 14th, 1896
4. *Place of Birth, (Street and Number)* Maternite 410 Hoffman Street
5. *Full Name of Mother,* Mary Elizabeth Stepney
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* Annapolis
8. *Full Name of Father,* John Stockton
9. *Father's Occupation* Railroader
10. *Father's Birthplace,* Franklin County, Va.

Name of Medical Attendant, or other person who makes this Return, W. Magdalene Warner, M.D.

Address, Maternite, 410 N. Hoffman Street

Remarks, L. O. A.

8960002298

Wm. J. C. Dulany Co., City Printers and Stationers.

Health, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 14, 1896
4. Place of Birth, (Street and Number) 410 Hoffman Street - West
5. Full Name of Mother, Lillie May Perry
6. Mother's Maiden Name, The Same
7. Mother's Birthplace, St. Mary's County, Md.
8. Full Name of Father, Walter Thomas Perry
9. Father's Occupation Sailor
10. Father's Birthplace, St. Mary's County, Md.

Name of Medical Attendant, or other person who makes this Return, M. Magdalene Warner, M.D.

Address, Maternite 410 West Hoffman Street

Remarks, Left Sacro-Anterior

8 9 6 0 0 0 2 2 9 9

Wm. C. Dulany Co., City Printers and Stationers.

Mother, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 74187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May th 15, 1896.
4. *Place of Birth, (Street and Number)* 235 S Wolf st.
5. *Full Name of Mother,* Katie Westervelt.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germanie.
8. *Full Name of Father,* Edward Westervelt
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germanie

Name of Medical Attendant, or other person who makes this Return, Mary Kostusik

Address, 202 S Washington st.

Remarks,

8960002300

Wm. J. C. Dulany Co., City Printers and Stationers.

been entered, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 15th 1896
4. Place of Birth, (Street and Number) 1015 Saratoga
5. Full Name of Mother, Lizzie Tynan
6. Mother's Maiden Name, " Larkin
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Tynan
9. Father's Occupation Stone Cutter
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Joseph L. Wenderoth

Address, 1075 W. Baltimore St.

Remarks, L. O. G. A.

18960002301

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st & 3d Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, the 15 of May 1896

4. Place of Birth, (Street and Number) 1245 Harford Ave

5. Full Name of Mother, Josephine Walter

6. Mother's Maiden Name, Josephine Gumbert

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Anthony Walter

9. Father's Occupation Stock Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Jno Ch Sauer

Address, 1205 Harford Ave

Remarks, Bal. Md

1896

8960002302

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 15, 1896.
4. Place of Birth, (Street and Number) 912 Little Pine St.
5. Full Name of Mother, Martha Jane Hellsey
6. Mother's Maiden Name, Martha Jane Reed
7. Mother's Birthplace, Pikesville, Md
8. Full Name of Father, Thomas William Henry Hellsey
9. Father's Occupation Musician
10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Ida Pollack, M.D.

Address, 1112 Eutaw St. North

Remarks,

8960002303

Every birth shall be registered as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 74191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Colored

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 15 May 1896
4. Place of Birth, (Street and Number) 712 Hanover st
5. Full Name of Mother, Hattie V. Wagner
6. Mother's Maiden Name, Burnham
7. Mother's Birthplace, Balto
8. Full Name of Father, William Wagner
9. Father's Occupation Bar Maker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E A Brooks

Address, 1808 Eutaw st

Remarks, Doing Well

8960002304

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236.]

RETURN OF A BIRTH. 74192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 10 1896
4. *Place of Birth, (Street and Number)* Durham st 922
5. *Full Name of Mother,* Annie Benda
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Charles Benda
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Kapka

Address, 1 Washington st 205

Remarks,

8960002305

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	16th of May 96
4. *Place of Birth, (Street and Number)*	1535 Hohl St.
5. *Full Name of Mother,*	Elisa Müller
6. *Mother's Maiden Name,*	Elisa Heims
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	August Müller
9. *Father's Occupation*	Maneuvaison
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return.	Friederike Reuter Midwife
Address,	2116 W Pratt St
Remarks,	

1896000023006

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 May 1896
4. Place of Birth, (Street and Number) 1410 Williamson
5. Full Name of Mother, Virginia Mangold
6. Mother's Maiden Name, Brado
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Mangold
9. Father's Occupation Carpenter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E A Bradley

Address, 1828 Ogden

Remarks, Ward C

8760002307

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* May 4-1896
4. *Place of Birth, (Street and Number)* 734 Hanover St
5. *Full Name of Mother,* Mary R. Williams
6. *Mother's Maiden Name,* Mary A. Irving
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William M. Williams
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Charlotte Williams

Address, 910 Leadenhall St

Remarks,

8960002308

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 16th 1896
4. *Place of Birth, (Street and Number)* 612 Haggerty Court
5. *Full Name of Mother,* Mary Brice
6. *Mother's Maiden Name,* .....
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Brice
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Jane Just

Address, 834 Sterling Street

Remarks, ...

8960002309

Wm. J. C. Dulany Co., City Printers and Stationers.

Penalty, etc. shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74197

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 May 1896
4. Place of Birth, (Street and Number) 1802 Patapsco st
5. Full Name of Mother, Mary Gehring
6. Mother's Maiden Name, Daus
7. Mother's Birthplace, Balto
8. Full Name of Father, John H Gehring
9. Father's Occupation Teamster
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E A Brooks

Address, 1828 Gilmor st

Remarks, Doing Well

8960002310

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74 178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 15th 1896
4. Place of Birth, (Street and Number) 948 W. Baltimore
5. Full Name of Mother, Winifred Mc Carthy
6. Mother's Maiden Name, " O'Donnell
7. Mother's Birthplace, England
8. Full Name of Father, John F. Mc Carthy
9. Father's Occupation Fireman
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, J. O. Dunden

Address, 1075 W. Fayette

Remarks, L. O. H.

0460002311

Wm. J. C. Dulany Co., City Printers and Stationers.

been entered, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED - 4/8/67

RETURN OF A BIRTH. 74199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: MILDRED ELIZABETH LINN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	
3. *Date of Birth,*	May 17-1896
4. *Place of Birth, (Street and Number)*	1232 Bowsun St
5. *Full Name of Mother,*	Mrs Mollie Linn
6. *Mother's Maiden Name,*	Mollie E Connor
7. *Mother's Birthplace,*	Ireland
8. *Full Name of Father,*	Peter Linn
9. *Father's Occupation*	Painter
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return,	Mrs Amy Cagna
Address,	1112 Hanbert St
Remarks,	

8 9 6 0 0 0 2 3 1 2

Seen conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 74200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	17th of May 96
4. *Place of Birth, (Street and Number)*	2021 Christian St.
5. *Full Name of Mother,*	Fanne Goldberg
6. *Mother's Maiden Name,*	Fanne Keib
7. *Mother's Birthplace,*	Pole
8. *Full Name of Father,*	Meyer Goldberg
9. *Father's Occupation*	Tayler
10. *Father's Birthplace,*	Pole
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	216 W Pratt St.
Remarks,	

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8960002313

RETURN OF A BIRTH. 74201

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, May 18/96
4. Place of Birth, (Street and Number) 820 Warner st
5. Full Name of Mother, Mary E. Allen
6. Mother's Maiden Name, Mary E. Hooper
7. Mother's Birthplace, Calvert Co Md
8. Full Name of Father, Thomas F. Allen
9. Father's Occupation Tinner
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, E. Michaux M.D.

Address, 411 D. Sharp st

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

6960002314

Each Child born alive, its sex, color, the full name and occupation of its parents, the date and place of birth, (if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] 1936]

RETURN OF A BIRTH. 74202

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 18
4. Place of Birth, (Street and Number) Byrd St 1707
5. Full Name of Mother, Elizebeth Otto
6. Mother's Maiden Name, Elizebeth Henkell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Otto
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Katie Lean

Address, No 1705 Byrd st Baltimore

Remarks,

8460002315

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth a list of the births which have occurred under his or her care during the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74203

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 18th 1896
4. Place of Birth, (Street and Number) 1303 May St
5. Full Name of Mother, Winnie Quinn
6. Mother's Maiden Name, —
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Quinn
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wolph C. Eisenberg AB MD

Address, N.E. Cor Bank & Wolfe Sts

Remarks,

8766002316

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Emma May Bell

RETURN OF A BIRTH. 74304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED 4-17-64

Name: Emma May Bell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 18/96

4. Place of Birth, (Street and Number) 3 W. Lee st

5. Full Name of Mother, Margaret E. Bell

6. Mother's Maiden Name, Margaret E. ~~E. Hooper~~ Stringer

7. Mother's Birthplace, Cecil Co Md

8. Full Name of Father, John W. Bell

9. Father's Occupation, Fireman

10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this return, E. Michaux M.D.

Address, 411 S. Sharp st

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8960002317

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2 te
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	18 of maij 96
4. *Place of Birth, (Street and Number)*	1800 Schmallwood Av
5. *Full Name of Mother,*	Janette Schröder
6. *Mother's Maiden Name,*	Janette Weckesser
7. *Mother's Birthplace,*	Germanij
8. *Full Name of Father,*	Edward Schröder
9. *Father's Occupation*	Drügist
10. *Father's Birthplace,*	Germanij
Name of Medical Attendant, or other person who makes this Return,	Friederike Keuler Midwife
Address,	2116 W Pratt St.
Remarks,	

8960002318

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 74216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 19 1896
4. *Place of Birth, (Street and Number)* 1638 Abbott st
5. *Full Name of Mother,* Fannie Steinert
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* James Steinert
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Koplis

Address, N Washington st 205

Remarks,

B 9 6 0 0 0 0 2 3 1 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

M [illegible]

RETURN OF A BIRTH. 74-207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) ———
3. Date of Birth, 19th May. 1896
4. Place of Birth, (Street and Number) 655. W. Conway St
5. Full Name of Mother,
6. Mother's Maiden Name, Lettie S. Cottingham
7. Mother's Birthplace, Somerset County Md.
8. Full Name of Father, Walter Scott Hawkins
9. Father's Occupation Laundryman
10. Father's Birthplace, London England

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8960002320

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 th

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 19th 1894
4. Place of Birth, (Street and Number) 1446 Richardson st
5. Full Name of Mother, Harris Stohlhoff
6. Mother's Maiden Name, Brauer
7. Mother's Birthplace, Balto
8. Full Name of Father, Richard Kohlhoff
9. Father's Occupation Nordemann
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwartz

Address, 1341 E Fort Ave.

Remarks,

8960002321

Wm. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m 1230.]

RETURN OF A BIRTH. 74209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 20 1896
4. *Place of Birth, (Street and Number)* Duncan alley 530
5. *Full Name of Mother,* Annie Frzynska
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohaimen
8. *Full Name of Father,* Anton Frzynska
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bohaimen

Name of Medical Attendant, or other person who makes this Return, Mary Koptka

Address, N Washington ave 205

Remarks,

8460002322

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the following particulars, viz: the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number in the family of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 20th.
4. *Place of Birth, (Street and Number)* # 2035 Gough st.
5. *Full Name of Mother,* Kate Rolander
6. *Mother's Maiden Name,* Kate Rolander
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Frank. Rolander
9. *Father's Occupation* Ironmaster.
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mary A. Perter

Address, 241 S. Chester st.

Remarks,

8960002323

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1286.]

RETURN OF A BIRTH. 74211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 11 20 1896.
4. *Place of Birth, (Street and Number)* 945 Jackson st.
5. *Full Name of Mother,* Katie Kotalik
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Jos Kotalik
9. *Father's Occupation* Tayler
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Kapitsis

Address, 202 N Washington st,

Remarks,

8960002324

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co,. City Printers and Stationers.

RETURN OF A BIRTH 74212

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th
1. *Sex (state whether male or female),*	Male
2. *Race or Color (if not of the white race),*	White
3. *Date of Birth,*	5-20.96
4. *Place of Birth (Street and Number),*	43 Williamson St
5. *Full Name of Mother,*	Sadie Seward
6. *Mother's Maiden Name,*	Sadie Harrison
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	John Seward
9. *Father's Occupation,*	Sail Maker
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return.	H Pollock M D.
Address,	1112 Eutaw St North.
Remarks,	

8960002325

Baltimore Publishing Co., City Printers and Stationers.

ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 20. 1896
4. *Place of Birth, (Street and Number)* Rawlings St Waverly
5. *Full Name of Mother,* Mary Powell
6. *Mother's Maiden Name,* Mary Jackson
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* James Powell
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Susan E Bailey

Address, #8 Talbot 37 Waverly

Remarks, Well

8960002326

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 7-19-65

RETURN OF A BIRTH. 74 214

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Bessie Briskman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 20 1896
4. Place of Birth, (Street and Number) 900 E Pratt St
5. Full Name of Mother, Fannie ~~Brisman~~ Briskman
6. Mother's Maiden Name, Fannie Shoppero
7. Mother's Birthplace, Russia
8. Full Name of Father, Nathan ~~Brisman~~ Briskman
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finkelstein

Address, 27 Floyd St

Remarks,

8960002327

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Name, date and place as above to be as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

OWW

74215

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John N. Schmidt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 20th 1896
4. Place of Birth, (Street and Number) 634 Fremont st
5. Full Name of Mother, Annie Schmidt
6. Mother's Maiden Name, Annie Herget
7. Mother's Birthplace, Germany
8. Full Name of Father, George Justice Schmidt
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Alfred M. Belt M.D.

Address, 1031 Cathedral st

Remarks,

[8960002328

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 74216

GIVEN NAME ADDED 5-11-61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Minnie Caroline Fisher

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 20th 1896
4. Place of Birth, (Street and Number) 20 Potters Ct.
5. Full Name of Mother, Minnie Fisher
6. Mother's Maiden Name, Norring
7. Mother's Birthplace, Balto.
8. Full Name of Father, Adolph Fisher
9. Father's Occupation Workmann
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwartz

Address, 434 E Fort Ave

Remarks,

8960002329

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[M 1230.]

RETURN OF A BIRTH. 74217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 21 1896
4. *Place of Birth, (Street and Number)* 1116 Eldorey st 2319
5. *Full Name of Mother,* Katie Klinginsteen
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Farmer
8. *Full Name of Father,* William Klinginsteen
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Koplis

Address, 1117 Washington st 205

Remarks,

8960002330

Wm. J. C. Dulany Co,. City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	10 th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	21st of May 96
4. *Place of Birth, (Street and Number)*	209 Frederick Ave
5. *Full Name of Mother,*	Louise Zolzmann
6. *Mother's Maiden Name,*	Louise Meier
7. *Mother's Birthplace,*	Germany
8. *Full Name of Father,*	Edward H. Zolzmann
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Friedrike Keuler Midwife
Address,	2116 W Pratt St.
Remarks,	

8960002331

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

mouth, and shall set forth astar as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 21th 1876
4. *Place of Birth, (Street and Number)*	Garrett Ave No 147
5. *Full Name of Mother,*	Lizzi Mayer
6. *Mother's Maiden Name,*	" Hatzfel
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	Henry Mayer
9. *Father's Occupation*	Steamperdoor
10. *Father's Birthplace,*	Germany
Name of Medical Attendant, or other person who makes this Return,	Lizzi Schaeffler
Address,	1708 East Pre. L. P.
Remarks,	

8960002332

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 21, 1896
4. Place of Birth, (Street and Number) 1150 Cleveland st
5. Full Name of Mother, Elisabeth Erbe
6. Mother's Maiden Name, Elisabeth Herget
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Erbe
9. Father's Occupation, Engineer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Alfred M. Belt M.D.

Address, 1031 Cathedral st

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

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RETURN OF A BIRTH 74221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 21st, 1896
4. Place of Birth, (Street and Number) 1111 Mason Alley
5. Full Name of Mother, Jennie Owens
6. Mother's Maiden Name, Jennie Sims
7. Mother's Birthplace, West River, Md
8. Full Name of Father, Charles Owens
9. Father's Occupation, Clerk
10. Father's Birthplace, West River, Md.

Name of Medical Attendant, or other person who makes this Return. Magdalene Warner M.D.

Address, 410 West Hoffman Street

Remarks, L. C. A.

1 8 9 6 0 0 0 2 3 3 4

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 74522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	W
3. *Date of Birth,*	May 22, 1896
4. *Place of Birth, (Street and Number)*	Garland St
5. *Full Name of Mother,*	Annie I Tasker
6. *Mother's Maiden Name,*	" Cahill
7. *Mother's Birthplace,*	Baltimore
8. *Full Name of Father,*	John I Tasker
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore
Name of Medical Attendant, or other person who makes this Return,	Mrs Mc. Horrigan
Address,	412 Scott St
Remarks,	

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1896U002335

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 74223

GIVEN NAME ADDED 3-9-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Etta Tolson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 22 1896
4. Place of Birth, (Street and Number) Cor Clinton & Hadison Sts
5. Full Name of Mother, Annie Tolson
6. Mother's Maiden Name, Annie Hopkins
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Tolson
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin M.D.

Address, The Johns Hopkins Hospital

Remarks,

8 9 6 U 0 0 2 3 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 22
4. *Place of Birth, (Street and Number)* 1413 Wollens St
5. *Full Name of Mother,* Fannie Weaver
6. *Mother's Maiden Name,* " Hogan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Weaver
9. *Father's Occupation* Ice driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs M Morgan

Address, 419 Scott St

Remarks,

8960002337

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RETURN OF A BIRTH. 74225

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 22 1896
4. Place of Birth, (Street and Number) 1024 W. Lexington St
5. Full Name of Mother, Margaret A. Cunningham
6. Mother's Maiden Name, " " Calhan
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John L. Cunningham
9. Father's Occupation Shoe Cutter
10. Father's Birthplace, Washington D. C.

Name of Medical Attendant, or other person who makes this Return, Dr. O. A. Linder

Address, 1075 W. Baltimore St.

Remarks, L. V. J. A.

1876 0 0 0 2 3 3 8

Wm. J. C. Dulany Co,. City Printers and Stationers.

Every child born within the City of Baltimore shall be registered as the same can be ascertained; the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) white
3. Date of Birth, 22 of May 1896
4. Place of Birth, (Street and Number) 206 Lough St
5. Full Name of Mother, Fanny Goodman
6. Mother's Maiden Name, Lazarowitz
7. Mother's Birthplace, Russia Home State
8. Full Name of Father, Izek Goodman
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia Home State

Name of Medical Attendant, or other person who makes this Return, E. L. Flinder M.D.

Address, 143 N. Front St

Remarks,

1896 U 0022339

Wm J C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 74227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, May 22, 1906
4. Place of Birth, (Street and Number) No. 1030 N. Washington Ave
5. Full Name of Mother, Theresa Kammer
6. Mother's Maiden Name, Kuttenbaker
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Kammer
9. Father's Occupation Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gross.

Address, No. 1407 E. Monument St.

Remarks, Full name of Child - Peter George Kammer

8960002340

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236.]

RETURN OF A BIRTH. 74228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 3

1. *Sex,* (*state whether male or female*) Girl
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* April 11 22 1896.
4. *Place of Birth,* (*Street and Number*) 602 Eastl st
5. *Full Name of Mother,* Annie Kworda
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemania.
8. *Full Name of Father,* Frank Kworda
9. *Father's Occupation* Taylor.
10. *Father's Birthplace,* Bohemania.

Name of Medical Attendant, or other person who makes this Return, Mary Koptish

Address, 205 N Washington St.

Remarks,

8960002341

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 74229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex (state whether male or female),* .....
2. *Race or Color (if not of the white race),* .....
3. *Date of Birth,* 22 May 896
4. *Place of Birth (Street and Number),* 611 Augusta St.
5. *Full Name of Mother,* Mrs. Louise Christiana Land
6. *Mother's Maiden Name,* Miss Louise Christiana Stepler
7. *Mother's Birthplace,* Penna USA
8. *Full Name of Father,* Reverend Paul H Land
9. *Father's Occupation,* Clergyman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Dr Leonard Mc

Address, 125 Jackson Ave

Remarks, ...

1 8 9 6 U 0 0 0 2 3 4 2

Baltimore Publishing Co., City Printers and Stationers

The above facts are the same can be ascertained the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Mar 22nd 1896
4. Place of Birth, (Street and Number) 1440 N. Patterson Park Ave.
5. Full Name of Mother, Caroline Prisinger
6. Mother's Maiden Name, Caroline Herold
7. Mother's Birthplace, Bavaria
8. Full Name of Father, Henry Prisinger
9. Father's Occupation, Baker
10. Father's Birthplace, Bavaria

Name of Medical Attendant, or other person who makes this Return, Albert S. Atkinson, M.D.

Address, 103 N. Caroline St

Remarks,

8 9 6 0 0 0 2 3 4 3

been entered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 22nd
4. *Place of Birth, (Street and Number)*	#238 S. Chapel st.
5. *Full Name of Mother,*	Annie McGinness
6. *Mother's Maiden Name,*	Suzie Hagert
7. *Mother's Birthplace,*	Balto.
8. *Full Name of Father,*	Andrew Mc Ginness
9. *Father's Occupation*	Shipping Clerk
10. *Father's Birthplace,*	Balto.
Name of Medical Attendant, or other person who makes this Return,	Mary A. Portner
Address,	#247 S. Chester st.
Remarks,	

8960002344

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 22nd 1896
4. *Place of Birth, (Street and Number)* 2028 Bank Street
5. *Full Name of Mother,* Josephine A. Kirby
6. *Mother's Maiden Name,* Josephine A. Kasper
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Theodore A Kirby
9. *Father's Occupation.* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Lenz midwife

Address, 1539 Alice Anna Street

Remarks,

8960002345

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 74333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Colored Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 22
4. *Place of Birth, (Street and Number)* 1607 Vine St
5. *Full Name of Mother,* Mary Purnell
6. *Mother's Maiden Name,* Mary Anderson
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Charles Purnell
9. *Father's Occupation,* Sailor
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, Louis Hamm

Address, 644 Forrest

Remarks,

8960002346

Been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

F 3379

GIVEN NAME ADDED 2-11-57

RETURN OF A BIRTH. 44234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen Chandler ~~Perkins~~ Perkins

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 23/96
4. Place of Birth, (Street and Number) 433 E 25th St.
5. Full Name of Mother, Mrs Ida Perkins
6. Mother's Maiden Name, Ida Camp
7. Mother's Birthplace, Kent Co
8. Full Name of Father, Carole Chambers Perkins
9. Father's Occupation Conductor
10. Father's Birthplace, Kent Co

Name of Medical Attendant, or other person who makes this Return, Morris G. Robins M.D.

Address, 1344 Druid Hill Ave

Remarks,

8960002347

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74285

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 23rd May 1896.
4. *Place of Birth, (Street and Number)* Baltimore City 329 S Woodyear St.
5. *Full Name of Mother,* Eva C. Miller.
6. *Mother's Maiden Name,* Cordell.
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* George C Miller
9. *Father's Occupation* Truck builder
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Brannon.

Address, 414 S Stricker St Baltimore, Md.

Remarks, Mother and Child are doing well.

18960002348

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 74236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 23 rd 1896
4. *Place of Birth, (Street and Number)* No 213 S. Charles St
5. *Full Name of Mother,* Laura J. Grisbier
6. *Mother's Maiden Name,* Laura J. Brown
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Grisbier
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Hornung

Address, No 1517 Byrd St

Remarks,

8960002345

Wm. J. C. Dulany Co., City Printers and Stationers.

mother, and the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74237

MIDDLE NAME ADDED 3/3/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: Frederick William Hohman 3rd.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 23/96
4. *Place of Birth, (Street and Number)* 2016 E. Monument St
5. *Full Name of Mother,* Caroline S. Hohman.
6. *Mother's Maiden Name,* Caroline S. Bauernschmidt.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Fred. W. Hohman.
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return, A. Gaither Hill. M.D.

Address, 201 N. Broadway

Remarks, Born 6:30 a. m.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 74238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, May 23 1896
4. Place of Birth, (Street and Number) 1113 Allens Alley
5. Full Name of Mother, Emma Reed
6. Mother's Maiden Name, Emma Reed
7. Mother's Birthplace, Baltimore
8. Full Name of Father, ??
9. Father's Occupation ??
10. Father's Birthplace, ??

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin Dep.

Address, Hos Johns Hopkins Hospital

Remarks,

8960002351

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 23 of May 1896
4. Place of Birth, (Street and Number) 25 S. Exeter St
5. Full Name of Mother, Lazy Mendelson
6. Mother's Maiden Name, Cimon
7. Mother's Birthplace, Newyork
8. Full Name of Father, Emanuel Mendelson
9. Father's Occupation, Tailor
10. Father's Birthplace, Kovne state, Russia

Name of Medical Attendant, or other person who makes this Return, H. Flinder M.D.

Address, 143 N. Front St

Remarks,

18960002352

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* May 23 1896
4. *Place of Birth, (Street and Number)* 911 Parrish al.
5. *Full Name of Mother,* Mary Cornish
6. *Mother's Maiden Name,* Mary Hicks
7. *Mother's Birthplace,* Talbot Co. Maryland
8. *Full Name of Father,* Dennis Cornish
9. *Father's Occupation* In coal yard
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, R St Fields.

Address, Md. Homeopathic Hospital City.

Remarks,

8960002353

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, May 24th 1896

4. Place of Birth, (Street and Number) N. E. Cor Edmondson & Preston Sts

5. Full Name of Mother, Margaret J. Chalkley

6. Mother's Maiden Name, Margaret H. Jenkins

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Clarence H. Chalkley

9. Father's Occupation, Line Man

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, A. G. Watson

Address, 1301 N. Central Ave

Remarks,

B 9 6 U 0 0 2 3 5 4

been conferred); its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 24/896
4. Place of Birth, (Street and Number) 18 N Patterson Pk Ave
5. Full Name of Mother, Annie V Seals
6. Mother's Maiden Name, " " Keys
7. Mother's Birthplace, Balto
8. Full Name of Father, Otho H Seal
9. Father's Occupation, Clerk
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. J T Spicknall M D

Address, 14 N Patterson Pk Ave

Remarks,

8766002355

month, and shall set forth as far as the same can be ascertained the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 74243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 24th May 1896
4. Place of Birth, (Street and Number) 207 W Hurricka Alley
5. Full Name of Mother, Amelia E Davis
6. Mother's Maiden Name, Amelia E Maddox
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm E Davis
9. Father's Occupation, Raw Boxman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Charity Hospital

Address,

Remarks,

1896 0002356

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twenth -

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sunday May 24th 96 (3 45 Pm)
4. Place of Birth, (Street and Number) 220 N. Mount St
5. Full Name of Mother, Marianne Haward
6. Mother's Maiden Name, Marianne Suttiff
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Albert R. Haward
9. Father's Occupation Clerk
10. Father's Birthplace, A.A. County Md

Name of Medical Attendant, or other person who makes this Return, Elmer Mc Md

Address, 112 W. Mulberry St

Remarks,

1896 0002357

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-27-55 L.

RETURN OF A BIRTH. 14245

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Ruth Henry

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Third -
1. *Sex, (state whether male or female)*	Female -
2. *Race or Color, (if not of the white race)*	White -
3. *Date of Birth,*	May 24, 1896.
4. *Place of Birth, (Street and Number)*	1530 N. Mount st.
5. *Full Name of Mother,*	Mary A. Henry -
6. *Mother's Maiden Name,*	Mary A. Rondke -
7. *Mother's Birthplace,*	Ellicott City, Md.
8. *Full Name of Father,*	Edward G. Henry,
9. *Father's Occupation*	Carpenter -
10. *Father's Birthplace,*	York, Pa.
Name of Medical Attendant, or other person who makes this Return,	E. A. Holbrook, M. D.
Address,	714 N. Carey st.
Remarrks,	

8 9 6 0 0 0 2 3 5 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Births, and parts of births, as the same can be ascertained, the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 25 May 1896
4. Place of Birth, (Street and Number) 618 Hankin Ave
5. Full Name of Mother, Evelyn A Holmes
6. Mother's Maiden Name, Evelyn A Johns
7. Mother's Birthplace, Dorchester county Md
8. Full Name of Father, Edward Jones
9. Father's Occupation, Farmer
10. Father's Birthplace, Georgia

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 7 6 0 0 0 2 3 5 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7th Child
1. *Sex, (state whether male or female)*	Boy
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	May 25-1879
4. *Place of Birth, (Street and Number)*	174 Church Ln
5. *Full Name of Mother,*	Mary E Murdock
6. *Mother's Maiden Name,*	Mary E Handy
7. *Mother's Birthplace,*	Maryland Co
8. *Full Name of Father,*	Samuel Murdock
9. *Father's Occupation*	Laborer
10. *Father's Birthplace,*	Baltimore Co Md
Name of Medical Attendant, or other person who makes this Return,	Mary Dorsey
Address,	1809 Lanvale St
Remarks,	

8960002360

Wm. J. C. Dulany Co., City Printers and Stationers.

236

RETURN OF A BIRTH. 74248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* May 25/96
4. *Place of Birth, (Street and Number)* No. 3120 S Caroline St
5. *Full Name of Mother,* Dina Matthews
6. *Mother's Maiden Name,* Kates
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Conrad Matthews
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gans.

Address, No. 1907 E Monument St

Remarks,

8760002361

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74 249.

GIVEN NAME ADDED 7-29-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Lutie ~~Elizabeth~~ Essert

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, May 25 1896
4. Place of Birth, (Street and Number) 925 Ramsey St
5. Full Name of Mother, Eva Jane Essert
6. Mother's Maiden Name, Wolf
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis A Essert
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Morrison

Address, 412 Scott St

Remarks,

8960002362

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

	No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1.	*Sex, (state whether male or female)*	Male
2.	*Race or Color, (if not of the white race)*	Colored
3.	*Date of Birth,*	May 25 1896
4.	*Place of Birth, (Street and Number)*	312 Vincent St.
5.	*Full Name of Mother,*	Sarah Galloway ~~Wilbur Hall~~
6.	*Mother's Maiden Name,*	Sarah Galloway
7.	*Mother's Birthplace,*	Maryland
8.	*Full Name of Father,*	Wilbur Hall
9.	*Father's Occupation,*	Stone Cutter
10.	*Father's Birthplace,*	Maryland
	Name of Medical Attendant, or other person who makes this Return,	Robert K Rucker
	Address,	220 N Gilmor St.
	Remarks,	

8960002363

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Every midwife shall keep a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

1236.]

RETURN OF A BIRTH. 74251

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 25 1896
4. *Place of Birth, (Street and Number)* Lancaster st 1326
5. *Full Name of Mother,* Franzey Kuratowsky
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohaimen
8. *Full Name of Father,* John Kuratowsky
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Bohaimen

Name of Medical Attendant, or other person who makes this Return, Mary Kolates

Address, N Washington st 205

Remarks,

8960002364

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	No 1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 26th 1896 — 304 Balto St
4. *Place of Birth, (Street and Number)*	
5. *Full Name of Mother,*	Agnes Matilda Moore
6. *Mother's Maiden Name,*	" " Winkler
7. *Mother's Birthplace,*	Balto. City
8. *Full Name of Father,*	James Fleet Moore,
9. *Father's Occupation*	Brassfinisher
10. *Father's Birthplace,*	Franklin Co. Pa
Name of Medical Attendant, or other person who makes this Return,	J Ridgeway André
Address,	1123 E Balto
Remarks,	

8960002365

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) South Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 of May 1896
4. Place of Birth, (Street and Number) Baltimore Md 1621 Pierce St
5. Full Name of Mother, Mary B Sauerbier
6. Mother's Maiden Name, " Lutz
7. Mother's Birthplace, Germany
8. Full Name of Father, August C Sauerbier
9. Father's Occupation Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Mary J Krauning

Address, 414 S Stricker St Baltimore Md

Remarks, Mother and Child are doing well

8 9 6 0 0 0 2 3 6 6

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1236]

RETURN OF A BIRTH. 74254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IV

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 26 1896
4. Place of Birth, (Street and Number) 826 Wolf Street
5. Full Name of Mother, Julia Caruss
6. Mother's Maiden Name, Julia Lucas
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry B Caruss
9. Father's Occupation Labourer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Geo. W. Bobbin

Address, The Johns Hopkins Hospital

Remarks,

8960002367

Wm. J. C. Dulany Co., City Printers and Stationers.

If any child born within the City of Baltimore shall die before the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

74255

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Fifth Child
1. *Sex (state whether Male or Female)*	Female
2. *Race or Color (if not of the white race)*	White
3. *Date of Birth*	May 26th 1896
4. *Place of Birth (Street and Number)*	#1139 N. Carrollton Ave.
5. *Full Name of Mother*	Elvie L. Springer
6. *Mother's Maiden Name*	" Thomas
7. *Mother's Birthplace*	Maryland
8. *Full Name of Father*	Eugene D. Springer
9. *Father's Occupation*	Carpenter
10. *Father's Birthplace*	Maryland
Name of Medical Attendant, or other Person who makes this Return.	G. Ridgely Hammond, M.D.
Address	#562 N. Carey St.
Remarks	

8960002368

RETURN OF A BIRTH. 74256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, Year May 26th 1896.
4. Place of Birth, (Street and Number) 215 22½ St.
5. Full Name of Mother, Gertrude Robinson.
6. Mother's Maiden Name, [illegible] King.
7. Mother's Birthplace, West Minster Md.
8. Full Name of Father, Vansoyale Robinson
9. Father's Occupation, Genl Jobber.
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return, Doras. Jane Geary.

Address, 210. 32½ St

Remarks,

8960002369

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 74257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Black
3. Date of Birth, May 2 1895
4. Place of Birth, (Street and Number) Dolphin b Division St.
5. Full Name of Mother, ~~Alberta~~ Jones
6. Mother's Maiden Name, Jones
7. Mother's Birthplace, Balto
8. Full Name of Father, ~~George H~~ Don't know
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Morris C. Robins M.D.

Address, 1344 Druid Hill Ave.

Remarks, She alone as you can readily see is one where it is impossible to obtain any particulars

1 8 9 5 0 0 0 2 3 7 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No *of Child of Mother, (state whether 1st, 2d, 3d, &c.)* 1st Child

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* March 26th 1896

4. *Place of Birth, (Street and Number)* 1004 N. Central Ave.

5. *Full Name of Mother,* Julia Drankel

6. *Mother's Maiden Name,* Julia Rohe

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Rudolph Drankel

9. *Father's Occupation,* Tailor

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, A. G. Watson

Address,

Remarks,

8960002371

Wm J C. Dulany Co., City Printers and Stationers.

month, the same set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 27 May 1896
4. *Place of Birth, (Street and Number)* 53 Orleans st
5. *Full Name of Mother,* Mamie Diggs
6. *Mother's Maiden Name,* Amanda
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Morris Shorter
9. *Father's Occupation,* Driving Grocery Wagon
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Lavinia Gaines

Address, 648 Cooper st

Remarks,

8960002372

Wm J C. Dulany Co., City Printers and Stationers.

Every birth occurring within the limits of Baltimore City shall be reported to the Commissioner of Health within ten days after the occurrence thereof, and the certificate shall contain the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

74260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* May 27, 96
4. *Place of Birth, (Street and Number)* 1336 Bamford St
5. *Full Name of Mother,* Augusta Catherine Klein
6. *Mother's Maiden Name* Fuchs
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Albert P. Klein
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. C. Wilson

Address, 935 Hollins

Remarks,

8960002373

The Physician or Midwife in attendance upon any birth shall report the same to the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

John Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 74261

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 28. 96
4. *Place of Birth, (Street and Number)*	940 N. Broadway
5. *Full Name of Mother,*	Anna May Shipley
6. *Mother's Maiden Name,*	Simpson
7. *Mother's Birthplace,*	Baltimore City
8. *Full Name of Father,*	William Shipley
9. *Father's Occupation,*	Machinist
10. *Father's Birthplace,*	Baltimore City
Name of Medical Attendant, or other person who makes this Return,	Jno. A. Pickel. M.D.
Address,	1312 Ashland ave.
Remarks,	

8960002374

Wm. J. C. Dulany Co., City Printers and Stationers.

The name of the child can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 28th 1896
4. *Place of Birth, (Street and Number)* 1718 N. Fulton Ave
5. *Full Name of Mother,* Maggie May Hanby
6. *Mother's Maiden Name,* " " Knight
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry Hanson Hanby
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Liliana Lowe

Address, 1337 N. Whitehall St.

Remarks,

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8960002375

Wm. J. C. Dulany Co., City Printers and Stationers.

1236

RETURN OF A BIRTH. 74263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	May 5th 1896
4. *Place of Birth, (Street and Number)*	Maternity 113 & 115 W. Lombard St.
5. *Full Name of Mother,*	Martha Scrivener
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	J. C. Austin M.D.
Address	113 & 115 W. Lombard St.
Remarks,	

8960002376

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236]

RETURN OF A BIRTH. 74264

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	May 6, 1896
4. *Place of Birth, (Street and Number)*	Maternity - 113-115 W. Lombard St.
5. *Full Name of Mother,*	Annie Green
6. *Mother's Maiden Name,*	Unknown
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	J. C. Austin M.D.
Address,	113-115 W. Lombard St
Remarks,	

8960002377

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236]

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 11, 96
4. *Place of Birth, (Street and Number)*	Maternity - 115 W. Lombard St.
5. *Full Name of Mother,*	Florence Smith
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	J C Austin MD
Address,	113 & 115 W. Lombard St.
Remarks,	

8960002378

Wm. J. C. Dulany Co., City Printers and Stationers.

1236]

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 13 '96
4. *Place of Birth, (Street and Number)*	Maternity 115 W. Lombard St.
5. *Full Name of Mother,*	Sadie Soller
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	"
Name of Medical Attendant, or other person who makes this Return,	J. C. Austin M.D.
Address,	115 W. Lombard St.
Remarks,	

8960002379

Wm. J. C. Dulany Co., City Printers and Stationers.

[1236]

RETURN OF A BIRTH. 74267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	Second
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	May 17 '96
4. *Place of Birth, (Street and Number)*	Maltrowitz' 115 W. Lombard St.
5. *Full Name of Mother,*	Emma Hall
6. *Mother's Maiden Name,*	" "
7. *Mother's Birthplace,*	Maryland
8. *Full Name of Father,*	Unknown
9. *Father's Occupation*	"
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	J. C. Austin M. D.
Address,	113 & 115 W. Lombard St.
Remarks,	

8960002380

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 a.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, May 2. / 9. o'clock P. M. /
4. Place of Birth, (Street and Number) 1010 Maldei Street.
5. Full Name of Mother, Catharina Wilmer Coleman,
6. Mother's Maiden Name, Schwalenburg.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Walther Scott Coleman,
9. Father's Occupation Laborer
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. M. Kaune / for the

Address, Mother Relief Society / 632 N. Fremont Ave.

Remarks,

8960002381

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 8, 96
4. *Place of Birth, (Street and Number)* 1720 O'Neans St.
5. *Full Name of Mother,* Louisa Kratochu
6. *Mother's Maiden Name,* Vogel
7. *Mother's Birthplace,* Balto, Md
8. *Full Name of Father,* Carl Kratochu
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Caroline C. Miller

Address, 1605 Walker St

Remarks,

1 8 9 6 U 0 0 2 3 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74 270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 6 a.

1. *Sex,* (*state whether* male *or* female)
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* May 2. (11.30. A. M.).
4. *Place of Birth,* (Street and Number) 2301. Linkwood (Gail & Ross).
5. *Full Name of Mother,* Mary Wiedorn,
6. *Mother's Maiden Name,* Schaffrath
7. *Mother's Birthplace,* Bieskau near Leobschütz - Germany.
8. *Full Name of Father,* Anton Wiedorn,
9. *Father's Occupation* Waiteman.
10. *Father's Birthplace,* Bieskau near Leobschütz - Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kanis

Address, 632. N. Fremont Ave.

Remarks,

8960002383

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter named. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person required to report such birth, immediately thereafter, it shall become the duty of the person above required, and attendance upon the mother, immediately thereafter, in the manner and within the period above required, such child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section, shall be any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for such offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, may 20th '96
4. Place of Birth, (Street and Number) 622½ W Lombard st.
5. Full Name of Mother, Minnie Brown.
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, H Tetley M.D.

Address, 622 W Lombard st.

Remarks,

6960002384

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 74272

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	May 22 '26
4. *Place of Birth, (Street and Number)*	622 W Lombard st.
5. *Full Name of Mother,*	Bessie King
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	H Utley M.D.
Address,	622 W Lombard st.
Remarks,	

8960002385

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 94273

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	white
3. *Date of Birth,*	may 22 1896
4. *Place of Birth, (Street and Number)*	622 fw Lombard st.
5. *Full Name of Mother,*	Annie white
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	H Dilley M.D.
Address,	622 w Lombard st.
Remarks,	

8960002386

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74274

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 22nd 1896.
4. *Place of Birth, (Street and Number)* #804 Penn alley.
5. *Full Name of Mother,* Mary Smith
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, H Kelley MD

Address, 632 N Fremont St

Remarks,

8960002387

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74275

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, May 22 '99
4. Place of Birth, (Street and Number) 622 W Lombard st
5. Full Name of Mother, Sarah Jacobs
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, H Talley M D
Address, 622 W Lombard st
Remarks,

8960002388

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	May 23 26
4. *Place of Birth, (Street and Number)*	622 W Lombard St.
5. *Full Name of Mother,*	Cary Willson
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	H Allen M.D
Address,	622 W Lombard St.
Remarks,	

8960002389

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* May 23 - 96
4. *Place of Birth, (Street and Number)* 3rd Gen Hosp
5. *Full Name of Mother,* Sophia Buchanan
6. *Mother's Maiden Name,* Brown
7. *Mother's Birthplace,* Pa -
8. *Full Name of Father,* Unknown
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, O. P. Livingston M.D.

Address, 3rd Gen Hosp

Remarks,

8460002390

Wm. J. C. Dulany Co., City Printers and Stationers.

Registrar of each birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	8th
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	~~Colore~~ White
3. *Date of Birth,*	May 20th 1896.
4. *Place of Birth, (Street and Number)*	# 318 Aliceanna St.
5. *Full Name of Mother,*	Mary Rooney
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	H. Mabley M.D.
Address,	624 W Lombard
Remarks,	

8960002391

Wm. J. C. Dulany Co., City Printers and Stationers.

Health, and shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* May 25 1896.

4. *Place of Birth, (Street and Number)* 813 Dawson alley.

5. *Full Name of Mother,* Mary Cook

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, H Wiley M.D.

Address, 642 N Lombard St

Remarks,

8960002392

Wm. J. C. Dulany Co., City Printers and Stationers.

Return this schedule and contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74280

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 25th 1896.
4. *Place of Birth, (Street and Number)* #745 Dover St.
5. *Full Name of Mother,* Maggie Williams
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, D. Kelly M.D

Address, #637 W. Lombard

Remarks,

8960002393

Health. This Schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicuer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* May 20th 96
4. *Place of Birth, (Street and Number)* 622 W Lombard st
5. *Full Name of Mother,* Cora Harris
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, H Jetty M D

Address, 622 W Lombard st

Remarks,

8960002391

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	May 26th
4. *Place of Birth, (Street and Number)*	622 W Lombard St.
5. *Full Name of Mother,*	Hattie Snowden
6. *Mother's Maiden Name,*	
7. *Mother's Birthplace,*	
8. *Full Name of Father,*	
9. *Father's Occupation*	
10. *Father's Birthplace,*	
Name of Medical Attendant, or other person who makes this Return,	H Kelly M.D.
Address,	622 W Lombard St.
Remarks,	

8960002395

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74283

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. The Sexton shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 27th 1896
4. *Place of Birth, (Street and Number)* 622 N Lambert St.
5. *Full Name of Mother,* Mary Kalkusky
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, H Utley M.D.

Address, 622 N Lambert St.

Remarks,

8960002396

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 74284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* may 27th 1884
4. *Place of Birth, (Street and Number)* 622½ w Lombard st.
5. *Full Name of Mother,* Millie Gallagher
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, H Athey M.D.

Address, 622 w Lombard st.

Remarks,

8960002397

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74285

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* May 27 — 1896.
4. *Place of Birth, (Street and Number)* #60 N Lemmon
5. *Full Name of Mother,* Mrs Edwards.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, R Stokes MD

Address, #632 N Fremont

Remarks.

1896 0002398

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE OF CAMERA OPERATOR

I HEREBY CERTIFY THAT THE DOCUMENTS REPRESENTED BY THE MICROPHOTOGRAPHS APPEARING ON THIS ROLL OF FILM DESIGNATED AS REEL No. 1736 WERE PHOTOGRAPHED BY THE UNDERSIGNED ON THIS DATE.

REEL BEGINS WITH 1896-000001

REEL ENDS WITH 1896-002398

BY Linda Wasley
(SIGNATURE OF OPERATOR)

DATE 9/4/78

PS – 827

HR - RM 25
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HALL OF RECORDS COMMISSION